

35AEC

ABSTRACTS BOOK

POSTER PRESENTATIONS

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

Types of dementia - Young onset dementia

07/10/2025 - 10:00-17:30 - POS01. Young onset dementia

POS01-01 - We know enough: the needs of children of a parent with young onset dementia - time for action

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Many people diagnosed with young-onset-dementia are caring for children and young people. As a result, there is growing recognition and concern for how children and young people might be affected by a parent's diagnosis as they transition through childhood, adolescence and into adulthood. Over the last 15-years+ there is a growing body of research exploring the needs of this vulnerable group. Despite this better understanding of their specific needs, children and young people remain unsupported by mainstream services.

This presentation will discuss a review of the literature of the challenges faced by children and young people of a parent with young onset dementia, to inform the development of an innovative nursing model to provide age-appropriate care and services for children and young people affected by young-onset-dementia.
The review questions were (1) What are the psychosocial needs of children and young people (0–25 years) with a parent diagnosed with young onset dementia and (2) How might a dementia specialist nurse meet these identified needs?

There were four emergent themes, (1) finding a way, (2) social connection and peer support, (3) preserving childhood and adolescence and (4) practical support, including the needs relating to and inclusive of education across a range of educational stages. Identified needs included, knowledge and information bespoke to a range of ages, emotional support, consistency in education and development

that allowed them to progress alongside their peers, support in maintaining social connections, maintaining physical and psychological well-being and supporting their understanding of and adjustment to grief and loss. These needs were mapped against the role and function of a specialist dementia nurse, bespoke to meet the needs of children and young people. This approach sets a president for innovate service design for this population which could be transferable to other health or care professionals.

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POS01-02 - Online peer support for young onset dementia is a promising resource, but not a panacea: A commentary from the INTERDEM Young Onset Dementia Taskforce

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Approximately 3.9 million people live with young-onset dementia (YOD), facing unique challenges including frequent misdiagnosis and symptom onset during periods of significant work, financial, and family responsibilities. While peer support is recognised as valuable for coping and fostering hope, specialised YOD services vary widely across regions, often leaving needs unmet. As a pan-European taskforce on YOD, we argue the potential of online peer support while highlighting necessary considerations to ensure accessibility and equity.

Online peer support offers distinct advantages for the YOD community. Higher digital literacy among younger demographics facilitates technological engagement. Online peer support can overcome geographical barriers, particularly important for YOD which accounts for approximately 6% of all dementia cases, allowing individuals to connect across regions without travel constraints. Online platforms provide flexible engagement options—from asynchronous forums offering 24/7 access to videoconferencing facilitating real-time interaction—accommodating complex work-life schedules. Additionally, the relative anonymity of digital environments may reduce stigma, enabling more open communication.

When implementing online peer support initiatives, health and social care professionals and support organisations must be mindful of several challenges. Digital exclusion affects those in rural areas or socioeconomic disadvantage who lack devices, reliable internet, or

necessary skills. Awareness of online peer support remains low, and online support raises safety and security concerns. As cognitive symptoms progress, technological engagement becomes increasingly difficult, particularly for those with non-memory symptoms common in YOD variants.

We propose several recommendations: increasing awareness and expanding availability of YOD-specific online support; having trained moderators; improving digital access and literacy; co-designing digital interfaces with people affected by YOD; expanding research on peer support effectiveness for people with YOD; and maintaining a balance between online and offline support. By addressing these challenges through inclusive, thoughtful solutions, online peer support can become a powerful tool for improving lives of people affected by YOD.

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POS01-03 - The JaDe Project: Innovative, Participatory Support for People with Early Onset Dementia

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Background: In Germany alone, approximately 1,8 million people live with dementia. When symptoms occur before the age of 65, it is referred to as „early onset dementia “. Affected individuals face unique challenges: they are often employed, care for children, and maintain social relationships, which leads to a distinct burden. This highlights the urgent need for specifically tailored support services that the JaDe project aims to address.

Objectives: The JaDe project fills the care gap for young people affected by dementia in three key areas:

1. JaDe FORUM: A digital offering that provides those affected and their families with a safe space for exchange, support, and active participation.
2. JaDe WISSEN: Information tailored to the specific needs of young dementia patients, covering topics such as professional integration and care services.
3. JaDe AKTIV: Practical activities such as walks, cooking classes, and animal assisted workshops that promote wellbeing, social participation, and engagement in shared experiences.

Methods: The project relies on a combination of digital offerings and real-life encounters to enable those affected to actively influence their life design and strengthen their participation.

Expected Results: JaDe aims to sustainably improve the quality of life for young people with dementia. Through active exchange and integration into a supportive community, their abilities are to be maintained, and their independence strengthened. The project also

promotes professional and social participation, which enhance the self-esteem of those affected and their relatives.

Conclusion: Supported by BARMER as part of self-help funding (§ 20 SGB V), the JaDe project offers comprehensive support for young people with dementia. It provides not only practical assistance but also emotional and social backing, contributing to the improvement of the care landscape in Germany for this previously overlooked target group.

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POS01-04 - Working with YOD: towards a sustainable and inclusive employment model in the social economy – a qualitative, human-centered study within the social economy of Flanders.

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Background & aim: Symptoms of young-onset dementia (YOD) frequently emerge in the workplace, leading to difficulties with work performance and, ultimately, job loss.

Nevertheless, staying professionally active is essential for self-worth, social integration, and mental well-being. There are few solutions available for building dementia-inclusive workplaces, especially within social enterprises. This project explores how people with young-onset dementia can be sustainably employed within KiemKracht, a social enterprise in Flanders (Belgium).

Methods: Using user-centred design thinking principles, we conduct in-depth interviews with individuals with young- onset dementia (n= 5), social enterprise employees (n= 6), and key knowledge partners (n= 5). Our goal is to develop an innovative model that enables individuals to remain employed for as long as possible after diagnosis. Collaborating with Alzheimer Liga Vlaanderen, Flanders Centre of Expertise on Dementia, and Flemish employment and training services, our goal is to lead the way in creating a dementia-inclusive social enterprise.

Results: Data-collection is ongoing. Preliminary findings suggest that individuals with young-onset dementia along with their family members, are highly motivated to remain in the workforce and are actively seeking solutions. Next to this, those diagnosed with young-onset dementia are entitled to a collective customized work status, offering opportunities within the social economy. Our findings align with recent research highlighting that employment not only offers financial security but also promotes social connections, mental

well-being, daily structure, cognitive stimulation, and a continued sense of meaning and purpose.

Discussion & conclusion: With the right adjustments, continued employment is a viable and valuable option following a diagnosis of young-onset dementia, setting a precedent for organizations across the social economy and beyond. This project will develop practical employment models and workplace support systems to foster a sustainable and inclusive work environment for individuals with young-onset dementia.

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POS01-05 - Spontaneous Conversations As Data In Young-Onset Dementia Research: A Qualitative Study.

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Young Onset Dementia (YOD) poses specific challenges that remain underrepresented in both literature and clinical practice. This qualitative study explores the lived experiences and unmet needs of individuals with YOD through spontaneous group conversations, without predefined prompts. Data were collected from 11 participants (4 women and 7 men, aged 50–66) attending a specialist Meeting Centre in Italy. All participants had a formal diagnosis of YOD, were aware of their condition, and presented no major behavioural symptoms.

The conversations, audio-recorded during weekly meetings in a supportive and familiar setting, were transcribed verbatim and analysed using the General Inductive Approach, allowing key meanings to emerge directly from the raw data. This method fostered a relaxed atmosphere that encouraged participants to disclose and share freely, offering a more personal and direct lens than traditional interviews.

Seven overarching themes were identified: sense of belonging and collective identity; acceptance and normalisation of the illness; adaptation and compensation strategies; recognition and management of difficult emotions; meaningful relationships and mutual support; social exclusion and stigma; and the need for structured professional and social support. Humour and lightness emerged as key relational tools, supporting group cohesion and facilitating open discussion.

These themes reflect relational, emotional, and systemic needs often overlooked by conventional care frameworks. Participants expressed a strong sense of agency and identified our study as an opportunity to share their experiences and perspectives.

The findings underscore the value of spontaneous conversations in accessing the complex voices of people with YOD. They support the development of more inclusive care pathways and age-appropriate interventions. While limited by a small, relatively homogeneous sample, this research lays the groundwork basis for future studies combining informal conversations with structured methodologies, ensuring broader inclusion and a deeper understanding of this population needs.

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POS01-06 - Co-developing evidence-based resources and recommendations to improve financial planning in young onset dementia: Findings from the DYNAMIC project

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[1]University of Bradford, [2]University of York, [3]

Young onset dementia, where symptoms develop under 65 years, has a major impact on the financial situation of the person and their close family. Although researchers have repeatedly found that there are financial consequences related to having a diagnosis of young onset dementia, there have been very few studies considering how to assist people and their families to manage this situation. In this paper, we will present our research to develop an evidence-based resource to help people diagnosed with young onset dementia to prepare for and manage their financial situation.

This work is part of the DYNAMIC study on Improving Social Care for People with Young Onset Dementia and their Families. The salience of financial impact emerged from 25 qualitative interviews with people living with young onset dementia or family supporters and a survey of social care staff. We reported on these aspects at Alzheimer Europe 2024. A subsequent stakeholder workshop confirmed that priority should be given to this topic in the remainder of the study.

To develop the evidence-based resource, we conducted a scoping review to establish what was already known; interviewed a range of social care professionals to establish good practice regarding advice and support on managing finances; and will be conducting co-production meetings over Summer 2025 to inform the content and format of the resource.

The literature review located 80 peer-reviewed and 20 grey sources on the financial impact of young onset dementia, though most only touched on the issue. Good practice interviews (ongoing) are being carried out with young onset dementia specialist occupational

therapists and nurses, social workers, service managers and commissioners of services. In the talk, we will present the detailed findings of the literature review and the themes from the good practice interviews. We will describe the co-production process and demonstrate the resulting resource.

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POS01-07 - The WorkDEM Compass: Development and evaluation of a co-created toolkit for supporting continued employment in young-onset dementia.

Bo Smeets[1], Stevie Hendriks[1], Christian Bakker[2], Marjolein de Vugt[1]
[1]Maastricht University, [2]Radboudumc

Background: Young-onset dementia (YOD) often leads to the loss of employment, which negatively affects well-being and social inclusion. Previous research highlights a growing need for tailored support to help people with dementia to continue their employment. In response to this need, the WorkDEM Compass was developed: a practical toolkit supporting employees with dementia in continued employment, while equipping relevant stakeholders to facilitate this process. In addition to its development, this study aims to evaluate the compass's feasibility, usability, added value, and impact.

Methods: The development of the WorkDEM Compass followed a participatory action research (PAR) approach, centering end users in the process. Two co-creation sessions with (former) employees with YOD, relatives, employers, HR professionals, occupational physicians, and dementia care professionals employed evidence-based methods, including personas and patient journey mapping. These methods helped ensure the toolkit met the specific needs of the different target groups. This led to the development of a comprehensive website (www.werkendementie.nl), offering tailored information and resources such as conversation aids, a signal card for recognizing dementia in the workplace, an inspiration kit with supportive strategies, and a brochure on financial regulations. The WorkDEM Compass is currently being evaluated through online questionnaires and in-depth qualitative interviews to assess its feasibility, usability, value, and impact, with the goal of refining the Compass based on end-user feedback.

Results: Preliminary results indicate that stakeholders find the WorkDEM Compass highly valuable, particularly the clear, practical resources such as the signal card, which directly

addressed their need for comprehensive and tailored information. However, evaluation is ongoing, with further results expected in summer 2025.

Conclusion: The WorkDEM Compass addresses the clear need for practical, tailored resources to support continued employment for people with YOD. Co-creation ensured that the comprehensive website meets stakeholder needs. The evaluation will further assess its feasibility, usability, value, and impact.

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POS01-08 - Supporting continued employment for individuals with young-onset dementia: Insights from a qualitative study into key stakeholders' roles and perspectives

Stevie Hendriks[1], Bo Smeets[2], Christian Bakker[2], Marjolein De Vugt[2]
[1]Maastricht University, [2]

Background: If symptoms of dementia emerge before the age of 65 years, it is classified as young-onset dementia (YOD). YOD can significantly impair work performance and often leads to job loss. Despite these consequences, the intersection of dementia and employment remains insufficiently explored. Supporting continued employment requires coordination and collaboration among multiple stakeholders. This study explores the perspectives and roles of these stakeholders in supporting continued employment for individuals with dementia.

Methods: 18 semi-structured interviews were organized to explore the different perspectives of the stakeholders involved including employers (n=7), occupational physicians (n=4), and dementia care professionals (n=7). Subsequently, two focus group discussions were held-one with six participants and one with seven (n=13), four of whom had already participated in the individual interviews. An inductive thematic content analysis was applied to both data sets.

Results: Based on interviews and focus group discussions, the results were organized into three phases of the continued employment process: I) early symptoms at work, II) continuing employment, and III) phasing out work. Within these phases, key themes emerged related to facilitators, barriers and support needs. Facilitators included dementia awareness, proactive organizational support, and timely professional involvement. Barriers included stigma, lack of knowledge, and legal constraints. Frequently mentioned support needs included improved collaboration, clear workplace guidelines, and enhanced awareness and education.

Conclusion: Key stakeholders play a crucial role in shaping support enabling individuals with dementia to remain employed. If continued employment is desired by the person with dementia, it can be achieved through early recognition, appropriate workplace adjustments, and effective collaboration between key stakeholders. Success depends on increasing awareness, fostering proactive organizational attitudes, and promoting open communication. These insights are used to further develop the WorkDEM Compass —an online support tool designed to assist the various stakeholders involved.

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POS01-09 - Needs of people living with young-onset dementia and family carers, explored by dementia subtype, phase in the disease process, and living setting: a scoping review

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[1]Maastricht University, [2]Radboudumc

Background: Young-onset dementia (YOD) affects the lives of people living with the condition and family carers, such as partners and children, creating complex situations and unique needs. These needs are likely to differ across dementia subtype, disease phase, and living setting, yet, a comprehensive overview of distinct needs is currently lacking.

Objective: This scoping review aims to identify needs of people with YOD and family carers in relation to dementia subtype, disease phase, and living setting.

Methods: Literature was systematically searched in PubMed, CINAHL, Embase, and APA PsycINFO up to October 2024. After screening by two independent researchers, 140 articles were included.

Results: Four main themes of needs emerged: support-, care-, interpersonal-, and personal needs. Needs varied per target group, dementia subtype, living setting, and disease phase. Prominent support needs included practical assistance, and emotional and psychological support. Information on diagnosis and prognosis, and active involvement of healthcare professionals were highlighted within care needs. Interpersonal needs often referred to companionship and togetherness, as well as empathy, understanding, and acceptance. Finally, security and safety, and time for oneself were emphasized as personal needs. Overall, the majority of current evidence pertained to Alzheimer's disease, the post-diagnostic phase, and living at home.

Conclusion: YOD-needs vary widely, requiring flexible, personal- and family-centered care and support. Future research should address underrepresented areas, including the needs

of dyads, families, and YOD care home residents. Additionally, it should address needs related to rarer YOD subtypes and specific disease phases to better capture the diversity of these needs.

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POS01-10 - Beyond the Diagnosis: Young Onset Dementia and the Power of Connection - The Reggio Emilia Projects (2022–2024)

Chiara Codeluppi, Barbara Carretti, Francesco Viecelli, Maria Teresa Valeriani, Cecilia Tonon, Eleonora Bertani, Anna Maria Sangiorgi
AIMA - Italian Alzheimer's Association of Reggio Emilia

Between 2022 and 2024, in Reggio Emilia (Northern Italy), an innovative, integrated care model was developed to address the specific needs of people with Young-Onset Dementia (YOD) and their families. During this period, the Cognitive Neurology Clinic of AUSL-IRCCS Reggio Emilia made 89 new YOD diagnoses, highlighting the urgent need for a targeted, multidimensional territorial response focused on these families' specific needs.

This context led to the creation of a dedicated psychosocial network, strengthened by collaboration between the Local Health Authority of Reggio Emilia (AUSL Reggio Emilia) and the Italian Alzheimer's Association of Reggio Emilia (AIMA Reggio Emilia), operating throughout the Reggio Emilia area.

The most significant initiative was *Caffè Incontro* — a project inspired by Meeting Center and Alzheimer Cafè — specifically designed for people with YOD and their caregivers, co-developed by AIMA Reggio Emilia, AUSL-IRCCS Reggio Emilia, and local Social Services. The project meetings offer dynamic activities tailored to this population's real needs, focusing on cognitive stimulation, the use of new technologies, and the active engagement of young caregivers through a dedicated project ("*Sharing is Caring*"). From 2022 to 2024, *Caffè Incontro* recorded 1,169 attendances.

Since 2023, a psychological support group for caregivers has been added, providing a safe space for emotional expression and sharing daily challenges, with 115 total attendances.

The support network was further strengthened by the *Più Vicini* (“Closer”) project, which includes the regular presence of AIMA volunteers within the Cognitive Neurology Clinic to facilitate service access and create a direct link between diagnosis and care. The project also offers psychological consultations, including home visits, ensuring personalized, continuous support.

This experience emphasizes the value of a collaborative, interprofessional, community-based network that promotes social inclusion, proximity, and improved quality of life for people with YOD and their families.

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POS01-11 - Current care practices that aim to address the psychosocial needs of Individuals with Young Onset Dementia: A Scoping review

Julie Vanderlinden, Emma-Louise Meuris
Odisee University of Applied Sciences

Background: Young-onset dementia (YOD) affects individuals under the age of 65 and presents unique challenges distinct from those experienced by older adults with dementia. This review aims to identify the psychosocial needs of individuals with YOD and evaluate the effectiveness of current care practices in addressing these needs.

Methods: A search was conducted across multiple databases. Inclusion criteria focused on studies involving individuals with YOD and their psychosocial needs, while studies older than ten years or biomedical interventions were excluded. The quality of the included studies was assessed using the Quality Assessment Tool and AMSTAR 2.

Results: The review included 12 studies, comprising 2 systematic reviews, 1 cluster randomized controlled trial, 3 mixed-methods studies, 4 qualitative studies and 2 non-specified articles. The studies focused on individuals with YOD and their caregivers, with sample sizes ranging from 12 to 86 participants. The findings highlighted the significant psychosocial needs of individuals with YOD, such as the need for meaningful social engagement, tailored activities, and emotional support. Effective interventions included structured activities like gardening and volunteering, which improved participants' sense of purpose and well-being. The studies emphasized the inadequacy of current care models and the necessity for flexible, family-centered care approaches tailored to the unique needs of individuals with YOD.

Implications: The study emphasizes the need for specialized care programs that cater to the psychosocial needs of individuals with YOD. It calls for increased training for healthcare

professionals, the development of age-appropriate care environments, and the implementation of flexible care schedules to better support individuals with YOD and their families.

Conclusions: Addressing the psychosocial needs of individuals with YOD requires a comprehensive and tailored approach. Future research should focus on developing and evaluating interventions that enhance the quality of life for this population, ensuring that care practices evolve to meet their unique challenges.

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POS01-12 - Do neuropsychiatric symptoms differ in young- versus late-onset dementia? A systematic review and meta-analysis

Hanna Bodde[1], Jackie Poos[1], Janne Ankone[1], Louise van der Breevaart[1], Willem Eikelboom[2], YOD-INCLUDED Consortium[3], Christian Bakker[4], Janne Papma[5]
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Background: Neuropsychiatric symptoms (NPS) are a core feature of dementia and strongly impact quality of life, caregiver distress, and earlier institutionalization. Young-onset dementia (YOD; symptom onset before the age of 65) is often thought to exhibit a more diverse and atypical neuropsychiatric profile compared to late-onset dementia (LOD), but findings across studies are inconsistent. While a recent meta-analysis by Seath and colleagues (2024) found no NPS differences between young- and late-onset Alzheimer's disease, broader comparisons across other dementia etiologies are lacking. This study aims to compare NPS in YOD versus LOD across multiple dementia types through a systematic review and meta-analysis.

Study design: We systematically searched Medline, EMBASE, PsycINFO, and Web of Science for studies published up to November 11, 2024, reporting Neuropsychiatric Inventory (NPI) scores separately for YOD and LOD. Two reviewers independently screened studies and extracted relevant data. A preliminary random-effects meta-analysis was performed on total NPI scores (frequency × severity), with planned analyses focusing on subdomains and heterogeneity by etiology, age criteria, and disease duration.

Outcomes: Out of 1,816 identified records, 34 studies met inclusion criteria. Dementia subtypes included Alzheimer's disease, vascular dementia, frontotemporal dementia, Lewy body disease, semantic dementia, primary progressive aphasia, and mixed dementia. Preliminary results revealed a small, non-significant difference in total NPI scores between YOD and LOD (Hedges' g = -0.15, 95% CI [-0.46, 0.16], p = 0.34), with slightly lower symptom severity in YOD. Heterogeneity was high (I^2 = 96.4%), indicating substantial variability between studies.

Conclusion: These findings suggest broadly similar overall neuropsychiatric symptom burdens in YOD and LOD, though the high variability warrants further analysis. The results may enhance our understanding of the clinical presentation of young-onset dementia and facilitate its earlier and more accurate recognition. Moreover, they may provide valuable insights to inform the development of tailored post-diagnostic support strategies.

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POS01-13 - Tailoring Psychosocial Care for Young Onset Dementia in nursing homes in Flanders: Development of a Specialized Care Guide

Julie Vanderlinden[1], Emma Louise Meuris[2]
[1]Odisee University College of Applied Sciences, [2]Odisee University of Applied Sciences

Background: Young onset dementia (YOD) affects individuals under 65 years old, presenting unique psychosocial challenges distinct from late onset dementia. Current care settings often fail to meet the specific needs of individuals with YOD, leading to inadequate psychosocial support. This research aims to develop a care guide tailored to the psychosocial needs of individuals with YOD to enhance their care experience.

Methods: A mixed-methods approach was employed, combining quantitative and qualitative data collection. An online survey was distributed to 51 respondents from 29 organizations, including both formal and informal caregivers. The survey aimed to identify the psychosocial needs of individuals with YOD and the challenges faced by caregivers. Additionally, semi-structured interviews were conducted with four respondents to gain deeper insights into the specific needs and experiences of individuals with YOD. Data from the survey and interviews were analyzed to identify key psychosocial needs such as emotional expressiveness, social connectedness, autonomy, tailored activities, stress management, and intimacy.

Results and Implications: The findings revealed significant gaps in current care practices, including a lack of training, resources, and personalized care plans. Respondents highlighted the need for more education and tools to address these needs effectively. Key psychosocial needs identified included: emotional expressiveness, social connectedness, autonomy, tailored activities, stress management, and intimacy. The developed care guide

provides practical strategies and interventions to better align care with the psychosocial needs of individuals with YOD, promoting a more person-centered approach.

Conclusions: The study underscores the necessity for specialized, age-appropriate care for individuals with YOD. Implementing the care guide can bridge the gap between existing care practices and the unique needs of individuals with YOD, fostering improved psychosocial well-being. Future research should focus on evaluating the effectiveness of the care guide in various care settings and exploring additional interventions to support individuals with YOD and their caregivers.

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POS01-14 - Social frailty and social isolation in community-dwelling people living with young-onset dementia: Preliminary findings from a mixed-method study

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[1]University of Galway, [2]Bournemouth University

Background: Young-onset dementia (YOD) is dementia symptoms presenting younger than 65. In Europe, approximately 500,000 individuals live with YOD. YOD leads to social isolation and, social frailty, affecting social health. Most social health research overlooks the unique challenges and unmet needs of people living with YOD.

Aims: Identify the rates and contributing factors to social frailty and social isolation in community-dwelling individuals with YOD, and to explore their lived experiences and perceived support needs.

Methods: This mixed-methods study included: 1) a cross-sectional investigation of individuals under 65 diagnosed with YOD or having symptoms; and 2) a qualitative descriptive study involving a purposive sample of participants identified as socially frail, pre-frail, or isolated from phase one. Ethical approvals were obtained from the local Ethics Committees.

Findings: Among 126 participants, 52.4% were aged 26-49, 19.8% lived with YOD for under six months, 47.6% were employed or volunteering, 84.9% lived in Europe, and 21.4% in rural areas. In total, 34.1% were socially pre-frail, 39.7% socially frail, and 20.6% at risk of social isolation. Social frailty rates and social isolation risk were significantly higher in participants aged 50-64 ($p=0.034$, $p=0.042$), and those living with YOD for more than six months ($p<0.001$, $p=0.022$). Working or volunteering was associated with less social isolation ($p=0.013$). Those living in rural areas ($p=0.004$) or outside Europe ($p<0.001$) experienced more social isolation. Interviews with 12 individuals identified five themes:

impact and early support, inclusion needed, role challenges, support gaps, and independence.

Conclusions: Older age, longer duration of diagnosis, unemployment or not volunteering, and living in rural areas or outside Europe are associated with higher social frailty or risk of social isolation in people living with YOD. There is a need for targeted strategies and further research to improve social health in this population.

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POS01-15 - Bridging psycho-emotional care for young onset dementia: a connected care approach for anxiety, stress and sleep problems

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[1]Odisee University College of Applied Sciences, [2]Odisee University of Applied Sciences

Background: Young onset dementia (YOD) significantly impacts various life domains, leading to frequent anxiety, stress, and sleep disturbances. Current care systems often overlook these issues, leaving caregivers feeling unprepared to address them effectively. This research project aims to bridge the expertise of residential care with home care settings to better manage these problems in individuals with YOD and their carers.

Methods: The study employs a mixed-methods approach, combining quantitative surveys, qualitative focus groups, interviews and environmental analysis of community initiatives. The project aims to identify the needs and possibilities of connecting the expertise of residential care with home care settings.

Results and Discussion: The connected care framework developed through this project aims to bridge the gap between residential care and home settings, facilitating better coping mechanisms for anxiety, stress, and sleep disturbances. This framework includes a hybrid training program that combines blended learning, seminars, and webinars to equip caregivers with the necessary skills and knowledge. The collaborative approach, involving both residential and home care providers, can lead to more effective management of anxiety, stress, and sleep problems in individuals with YOD and their carers.

Conclusion: The connected care framework developed through this research project offers a comprehensive approach to managing anxiety, stress, and sleep disturbances in individuals with YOD and their carers. By bridging the gap between residential care and home settings, the framework enhances the competencies of caregivers and provides better support for individuals with YOD. The research highlights the importance of a holistic approach to care, involving various stakeholders and leveraging community resources. The

project also emphasizes the importance of ongoing training and support for caregivers and carers, ensuring that they are equipped with the necessary skills and knowledge to provide effective psycho-emotional care.

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Types of dementia - Young onset dementia

07/10/2025 - 10:00-17:30 - POS01. Young onset dementia

POS01-16 - How to address the needs of individuals with early-onset memory disorders. The Hemma House approach.

Mikaela Halvarsson[1], Pierre Coucourde[2]
[1]Hemma, [2]Les Charmettes SA

The "Hemma House," located in Bernex (Geneva, Switzerland), is a pioneering initiative launched in 2023 to address the needs of individuals with early-onset memory disorders, often linked to neurodegenerative diseases like Alzheimer's. These individuals are typically in the prime of their working lives and under 65 years old. Late diagnosis and the lack of suitable facilities complicate their care, as existing solutions like Medical-Social Establishments (EMS) are unsuitable for younger people, leading to behavioral issues and increased memory deterioration.

Inspired by Swedish models, the Hemma Association has transformed a villa into a non-medicalized living space for up to 10 people. The goal is to create a domestic environment and personalized support while reducing costs. The first year was dedicated to organizing the shared living arrangement and forming a team free from biases to explore the project's potential.

Although Hemma House is not medicalized, notable improvements have been observed in some residents. However, the progression of the disease requires preparation for a transition to specialized facilities. Working with family members is central, both for supporting the residents and helping families reorganize their lives.

After one year, the Hemma concept has proven effective and relevant. The association now seeks to sustain the project and formalize collaborations with public and private partners, including home care services, the Memory Center at HUG, the Alzheimer's Association, and general practitioners, who are key players in patient orientation.

In summary, Hemma House offers an innovative and tailored solution for individuals with early-onset dementia, emphasizing a domestic environment and personalized support while preparing for a smooth transition to specialized facilities when necessary.

https://maisonhemma.ch/

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Types of dementia - Young onset dementia

07/10/2025 - 10:00-17:30 - POS01. Young onset dementia

POS01-17 - Early detection of neurocognitive disorders in young people: program design and methods of pilot actions (on behalf of JADE Health – W6 Consortium team)

Shima Mehrabian[1], Stephen Alela[2], Charles Scerri[3], Silvija Valdone Alsauske[4], Diana Abad Tortosa[5], Agnes Devecsery[6], Linda Gailite[7], Jean Georges[8], Zsófia Grenda[6], Jose Miguel Lainez-Andres[5], Ida Liseckiene[4], Bernardino Morillo[9], Kristine Sneidere[7], Róbert Wernigg[10], Latchezar Traykov[11], Ivo Popivanov[12]
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Background: Young onset dementia (YOD) comprises a heterogeneous range of dementias, with onset of cognitive/psychiatric, and/or motor/neurological symptoms before the age of 65 years. It is less prevalent compared to dementia of later onset, however it is associated with diagnostic difficulty and heavy burden on affected individuals and their informal carers. Timely and accurate diagnose of YOD is particularly difficult as there is a lack of guidelines available

on diagnosing YOD, heterogeneity in its presentation, and it is often misdiagnosed as a psychiatric condition.

Objectives: The main objectives are to systematically review the barriers and facilitators to timely and accurate diagnosis of YOD, define best practices, design an early detection toolbox/protocol with integrated training pilots for healthcare professionals, and implement an early detection pilot to assess its feasibility and acceptability.

Methods: The **JADE Health** (Joint Action addressing DEmentia and HEALTH) project is an European initiative 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. Within the WP6 framework, "JADE Health" supports several innovative actions in Bulgaria, Hungary, Latvia, Lithuania, Malta, Spain, and Ukraine to improve early detection of YOD. Two pilot programs for training healthcare professionals will be implemented, alongside a pilot action for early detection of YOD using a dedicated screening toolbox/protocol. Feasibility and acceptability will be assessed through surveys and/or semi-structured interviews.

Conclusion: There is an urgent need to improve the timeliness and accuracy of YOD diagnosis and to enhance the awareness and preparedness of healthcare professionals. The JADE Health project will add to the evidence on the barriers and facilitators in the early detection of YOD, and support the implementation of effective early detection strategy/model in clinical practice.

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Types of dementia - Young onset dementia

07/10/2025 - 10:00-17:30 - POS01. Young onset dementia

POS01-18 - Understanding Young-Onset Dementia through hospitalizations: findings from a retrospective analysis of nationwide Portuguese data

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Introduction: Young-Onset Dementia (YOD), broadly defined by the onset of dementia symptoms before the age of 65, presents unique challenges due to its occurrence during individuals' most productive years, often disrupting family, employment, and social life. Despite its personal and societal impact, YOD remains underrecognized and understudied compared to late-onset dementia. Accurate national data on YOD is currently limited. To address this gap, we conducted a comprehensive retrospective analysis of all hospitalizations involving a dementia diagnosis in individuals under 65 across public hospitals in mainland Portugal between 2008 and 2015.

Methods: All hospital discharges between 2008 and 2015 for individuals aged 35 to 64 with a primary or secondary diagnosis of dementia were extracted from a nationwide administrative database, using ICD-9-CM codes. For each hospitalization, data collected included age, sex, primary and secondary diagnoses, admission type (urgent vs. planned),

length of stay (LoS), in-hospital mortality, discharge destination, readmissions, and dementia etiology.

Results: A total of 7,971 hospitalizations involving 5,682 individuals matched the study criteria. Most of these were of male patients (61.8%) and had a mean age of 57.3 (SD=6.5) years. Vascular dementia was the most common aetiology (26.6%), followed by Alzheimer's disease (18.6%). Alcohol-related dementia accounted for 15.0% of all cases and was the leading cause of hospitalization among men. Most admissions were urgent (86.5%), and younger patients had longer LoS. Although most patients were discharged home (80.2%), the data revealed a substantial burden of comorbidities and a high frequency of readmissions.

Conclusions: A substantial proportion of cases was associated with modifiable risk factors, including vascular disease and alcohol-related disorders. By providing data-driven insights into a vulnerable and often overlooked population, these findings highlight both the complexity and the preventable nature of many YOD-related hospitalizations, highlighting the need for earlier diagnosis, targeted interventions, and age-appropriate care models.

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Types of dementia - Intellectual disability and Down syndrome

07/10/2025 - 10:00-17:30 - POS02. Other types of dementia

POS02-02 - Making a difference - evidencing the impact of a study to produce post diagnostic dementia support guidelines for people with intellectual disability

Louise Daly[1], Luciana Lolich[2], Eimear McGlinchy[3], Andrew P Allen[3], Nadine Buttery[3], Christina Corr[3], Pamela Dunne[4], Holly Dennehy[3], Miriam Fitzpatrick[3], Sean Kennelly[5], Philip McCallion[6], Mary McCarron[3]
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Impact refers to the real-world benefits that knowledge from dementia research brings to health and social care policy, practice, education, and society. Change-related impact must be planned for, monitored, and demonstrated throughout and beyond a project's lifecycle. The Logic Model by Campus Engage (2022) provides a structured approach to planning and demonstrating impact through six stages: **situation analysis, inputs (resources), activities, outputs, outcomes, and impact**. This study applied the framework in the development of post-diagnostic dementia support guidelines for individuals with intellectual disabilities

The study began with a **situation analysis** to review national and international evidence and to explore post-diagnostic supports for individuals with intellectual disabilities and dementia. A critical need was identified for practical, user-friendly guidelines developed in

collaboration with intended users. Engaging stakeholders, especially those directly benefiting from the research, was crucial for ensuring adoption of the guideline.

Key resources included contributions from research team members and experts with lived experience. The project employed participatory approaches, such as collective intelligence fora to engage stakeholders alongside primary data collection, analysis and integration. The primary **output** was a set of accessible guidelines, unique in their inclusive development process. To ensure the guidelines' adoption, communication, dissemination, and exploitation activities were implemented. These included making the guidelines publicly available, producing accessible videos, hosting a webinar, and securing recognition from the National Clinical Programme. As a result, the project achieved key **outcomes**, raising awareness and knowledge of post-diagnostic dementia supports and tailored guidelines for individuals with intellectual disabilities. The **expected long-term impact** aligns with five areas of the Campus Engage model: new knowledge creation and mobilization, health and well-being, public policy and services, human capacity development, and partnerships for change.

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Types of dementia - Rarer forms of dementia

07/10/2025 - 10:00-17:30 - POS02. Other types of dementia

POS02-03 - Raising Awareness About Primary Progressive Aphasia: Outcomes of the Greek-Language Webinar on the First International PPA Awareness Day

Nomiki Karpathiou[1], John Papatriantafyllou[2], Panagiota Zoi[1], Patra Blekou[3], Faidra Kalligerou[1], Paraskevi Sakka[1]
[1]Athens Alzheimer's Association, [2]Hellenic Dementia Society, [3]

Introduction: Primary Progressive Aphasia (PPA) is a neurodegenerative syndrome that impairs language and communication abilities. In response to the first International PPA Awareness Day (April 4, 2025), a Greek-language webinar was organized to raise awareness among healthcare professionals, students, and the wider community about the challenges faced by individuals with PPA and the role of speech-language therapy.

Aims: The aim of the study was to disseminate information about the awareness event and evaluate its impact on participant satisfaction and interest in future activities related to PPA.

Methods: The one-hour online event was organized by the Athens Alzheimer Association and the Hellenic Dementia Society in collaboration with the Department of Speech and Language Therapy at the University of the Peloponnese and was supported by the International SLT/P PPA Network. The program included scientific presentations and testimonies from individuals with PPA and caregivers. Attendance data were collected and participants were invited to complete post-event feedback forms and to express interest in future involvement.

Results: The webinar attracted 233 participants from Greece and Cyprus, including 59 speech-language therapists, 119 students, other healthcare professionals, individuals with PPA, and caregivers. Of the 49 participants who completed the post-event form, 96% expressed interest in receiving information about future events, 94% in accessing educational materials, 88% in participating in educational activities, 60% in joining support groups, and 58% in volunteering. Additionally, 29 participants completed a feedback form

rating the event with a mean score of 9.55/10 (SD =0.57). Qualitative feedback emphasized the value of including the voices of individuals with PPA, and the importance of multidisciplinary presentations. Participants also suggested expanding media outreach and establishing an online community.

Conclusions: The event successfully engaged the target audience, demonstrated high satisfaction levels, and identified key areas for continued awareness efforts and community building for individuals with PPA in Greece.

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Types of dementia - Rarer forms of dementia

07/10/2025 - 10:00-17:30 - POS02. Other types of dementia

POS02-04 - Progranulin and neurodegeneration: genetic and neuropsychological profiles

Cecilia Tonon, Alessandro Marti, Federica Ragucci, Federico Gasparini, Daniela Beltrami, Elena Del Rio
AUSL-IRCCS Reggio Emilia

Introduction: Mutations in the progranulin gene (GRN), located on chromosome 17, are predominantly found in Northern Italy [1] and are associated with a wide range of clinical phenotypes within the spectrum of neurodegenerative disorders [2].

Methods: We retrospectively identified patients carrying GRN mutations who were evaluated at the Cognitive Neurology Clinic of AUSL-IRCCS Reggio Emilia between 2015 and 2024 (n = 20).
We collected clinical data (e.g., age at symptom onset, age at diagnosis), neuropsychological test results categorized by cognitive domain (executive functions, attention, language, memory, visuospatial and visuoconstructive abilities), neuroimaging data (brain MRI, FDG-PET), and CSF biomarker profiles for dementia.

Results: Preliminary findings revealed two clinical phenotypes within our cohort: non-fluent variant primary progressive aphasia (nfvPPA; n = 12) and behavioral variant frontotemporal dementia (bvFTD; n = 8). A subset of 12 patients (nfvPPA = 7, bvFTD = 5) who completed a full neuropsychological assessment was selected for the analysis. Another group of 8 patients with the same clinical phenotypes (nfvPPA = 3; bvFTD = 5) but no known genetic mutations has been chosen for comparison.

Our analysis identified three main findings:

1. i) Distinctive neuropsychological profiles emerged among GRN mutation carriers compared to non-carriers with nfvPPA or bvFTD, highlighting a greater cognitive impairment associated with GRN mutations;

2. ii) Phenotype-specific cognitive differences were observed: GRN mutation carriers with nfvPPA showed more pronounced executive function deficits, while those with bvFTD exhibited predominant visuospatial deficits;

iii) Cognitive-imaging correlations revealed that neuroimaging patterns mirrored clinical profiles: bvFTD cases displayed marked right-sided atrophy and hypometabolism, whereas in nfvPPA, atrophic and hypometabolic changes were mainly lateralized to the left hemisphere.

Discussion: This study aims to provide a detailed characterization of the neuropsychological features associated with GRN-related nfvPPA and bvFTD, contributing to the understanding of genotype–phenotype relationships in frontotemporal lobar degeneration.

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Types of dementia - Fronto-temporal dementia

07/10/2025 - 10:00-17:30 - POS02. Other types of dementia

POS02-06 - Non-Pharmacological Interventions And Frontotemporal Lobar Degeneration (Ftd) And Lewy Body Disease (Lbd) A Guide To Understand & Implement

Christine Tabuenca[1], Alain Berard[2], Giovanni Carletti[3]
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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 - Fronto-temporal dementia

07/10/2025 - 10:00-17:30 - POS02. Other types of dementia

POS02-07 - Differentiating bvFTD and Late-Onset PPD using Neuropsychological and Clinical Assessment Tools

Yuhui Li[1], Cornelia Fütterer[2], Janine Diehl-Schmid[2], Simon Ducharme[2], Daniela Galimberti[2], Chiara Fenoglio[2], Olivier Piguet[2], Glena Halliday[2], Ishana Rue[2], Timo Grimmer[2], Lina Riedl[2], Sterre C. M. de Boer[2], Yolande A. L. Pijnenburg[2]
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Background: The behavioral changes of bvFTD can closely resemble primary psychiatric disorders, such as depression or schizophrenia. Currently, no reliable biomarkers exist for sporadic bvFTD, leading to delayed diagnoses. Early and precise differentiation is essential for treatment and prognosis. DIPPA-FTD aims to identify markers to develop a diagnostic algorithm for distinguishing sporadic bvFTD from late-onset PPD. This thesis focuses on neuropsychological tests and questionnaires.

Methods: This study included 39 patients with bvFTD, recruited across Italy, the Netherlands, Australia, Canada, and Germany, and 73 patients with late-onset PPD, recruited in Germany. Demographic data were collected, followed by a standardized neuropsychological assessment according to the DIPPA protocol. The test battery included the Addenbrooke's Cognitive Examination III (ACE-III), Rey Auditory Verbal Learning Test (RAVLT), Trail Making Test A and B (TMT-A, TMT-B), and the Ekman 35-Faces Test. Additionally, the Social Behavior Observer Checklist (SBOC), the Social Norms Questionnaire (SNQ), and the Beck Depression Inventory-II (BDI-II) were administered. Statistical analyses included t-tests, Mann-Whitney U tests and logistic regression. The discrimination of the tests was investigated with the area under the receiver operating characteristic curve (AUC).

Results: Patients with bvFTD and late-onset PPD exhibited significant differences across all neuropsychological tests and questionnaires. After Bonferroni correction, TMT-B and SBOC were no longer significant. Based on logistic regression, disease severity (CDR) emerged as the most influential factor on test performance, followed by age at onset. ACE-III, SNQ, and BDI-II were identified as significant predictors for distinguishing between bvFTD and late-onset PPD. The AUC values were high for ACE-III (AUC = 0.891), SNQ (AUC = 0.831), and BDI-II (AUC = 0.781), all indicating good discrimination and thus representing high diagnostic accuracy.

Conclusion: Neuropsychological assessments such as ACE-III, SNQ, and BDI-II can aid in early and accurate differentiation between bvFTD and late-onset PPD, improving diagnostic accuracy in clinical practice.

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Types of dementia - Fronto-temporal dementia

07/10/2025 - 10:00-17:30 - POS02. Other types of dementia

POS02-08 - EFRONT (Epidemiological Study In Frontotemporal Dementia): Genetic Testing for Precision Medicine

Jefri Jeya Paul, Filipa Curado, Valerie Bonke, Joerg Rennecke, Peter Bauer
Centogene GmbH

Background and Objectives: Frontotemporal dementia (FTD) overlaps clinical features with other neurological disorders, posing challenges in accurate diagnosis and treatment. This study explores the genetic factors associated with FTD, evaluates clinical manifestations, and assesses familial/ medical histories to evaluate disease detection and characterization. By integrating genetic testing with clinical research, EFRONT aims to bridge the gap between research and clinical applications, advancing precision medicine approaches for FTD treatment.

Methods: EFRONT is a non-interventional, single-visit study conducted in multiple centres. It enrolled participants aged 25 to 85 years who are clinically diagnosed with FTD, exhibit significant behavioural changes, or meet the diagnostic criteria for primary progressive aphasia(PPA). After obtaining consent, blood samples are collected using CentoCard®, which utilizes Dried Blood Spot technology and analyzed for the *GRN* (progranulin) and *C9ORF72*(chromosome 9 open reading frame 72) genes, among others linked to FTD. Participants with pathogenic variants received genetic counselling and may be referred for specific clinical trials, provided their consent.

Results: Overall, 2287 participants were screened from 7 countries, and here we present the cohort from Italy, which constitutes about 18%. In the Italian cohort, at the time of enrollment, 49% were diagnosed with FTD, 40% had a marked behavioural change, 9% had fulfilled the PPA diagnostic criteria, and 2% were first- or second-degree family members of an FTD-*GRN* participant. The mean age at inclusion was 68.5 years, and the mean age at disease/symptom onset was 62.0 years among diagnosed participants. 25%

of clinically diagnosed participants have a family history of FTD or dementia. The most prominent symptoms presented by the diagnosed participants are apathy and inertia.

Conclusion: EFRONT highlights the importance of genetic testing, and the insights gathered on frontotemporal dementia (FTD) among different genetic/ phenotypic groups aid in developing patient-centric strategies for disease management and potential involvement in clinical trials.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-01 - Enhancing collaboration by improving communication between relatives of people with dementia and care home staff – results from the qualitative EMPOR study

Tina Mallon, Dagmar Lühmann, Marion Eisele
Universitätsklinikum Hamburg-Eppendorf

Background: In many cases, relatives of people with dementia (PD) wish to stay actively involved in their relatives' life after transition into a long-term care facility, and remain a great resource. However, collaboration and partnership between relatives of PD and care home staff remains a challenge in long-term care facilities. Therefore, our aim was (1) to identify hindering and fostering aspects of collaboration between relatives and staff and (2) to develop an easy-to-use conversation guide to support collaboration between relatives of PD and care home staff.

Methods: *A b*etween-method qualitative study design with three stages was applied: semi-structured qualitative interviews with relatives of PD and care home staff (stage 1) and mixed focus groups (stages 2 and 3). Interviews (N=21) and focus groups (N=19) were transcribed verbatim and analysed using a deductive-inductive content analysis approach. Results of the interviews provided the basis of discussion for the focus group and lead to the development of different documents aiming at enhancing collaboration.

Results: The interviews revealed six aspects which influence collaboration: communication, information, time, support, trust, and change in relatives' role. Communication was identified as the key aspect to increase trust and hence facilitate collaboration. Based on these results we developed the communication concept 'KOM-PAKT' consisting of several elements: communication guideline for one-on-one conversations, checklists for preparation, hints on communication, and information material.

Conclusion: Applying the newly developed communication concept may enhance collaboration by establishing a trustworthy relationship from the time of transition between relatives of PD and care home staff in long-term dementia care settings. The improvement in

collaboration and trust may positively affect the quality of life of PD, the work load of care home staff, and the emotional distress of relatives. The full impact of KOM-PAKT will be evaluated in a prospective implementation study.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-03 - ENRICH (ENabling Research In Care Homes) Scotland, delivering research in care homes, what we learned from experience.

Lesley Cousland
ENRICH Scotland

Care homes are often excluded from research opportunities, although this is improving. Recruitment and retention of participants in research is a key component of conducting successful research. ENRICH (*EN*abling *R*esearch *I*n *C*are *H*omes) Scotland aims to improve access to research opportunities for care home staff, residents, and families/friends across Scotland. There are 1000 care homes in Scotland of which over 400 are registered with ENRICH. Clinical Studies Officers (CSO), based across Scotland, work with a view to engaging all care homes and supporting them in participating in care home research. We also work with a wide range of stakeholders including researchers and RICH Voices (our patient and public involvement group) to ensure research is relevant and accessible to care home communities.

This poster explores the barriers and facilitators to care home communities participating in research, from the CSO lived experience perspective. Exploring the value of utilising a range of social media platforms, existing digital infrastructure and adopting a more personalised approach to research delivery can offer a range of outcomes.

CSO experience identified a range of care home perceptions that influence research participation (not including time availability and staffing). Gaining an understanding of these may help us improve how we support care home research.

The poster will also outline unexpected ways in which CSO's are professionally and personally impacted when engaging with care home staff, residents and family/friends, dependant on the method utilised during a study.

Although our poster highlights informal CSO experiences we believe this is valuable insight into how we continue to maintain and improve care home participation in research. A qualitative study would offer an opportunity to explore this in more depth.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-05 - Supporting people living in care homes to remain connected to their neighbourhoods.

Tiffeny James[1], Tiffeny James[1], Sarah Campbell[2], Andrew Clark[1]
[1]University of Greenwich, [2]Manchester Metropolitan University

Remaining connected to one's neighbourhood can benefit the mental, emotional, physical, and social health of people as they age. Most literature on this topic has focussed on older people and people living with dementia in the community, neglecting those living in care homes. Approximately 70% of all people living in care homes live with dementia.

We conducted a narrative review of literature about how people living in care homes are enabled to remain connected to their neighbourhoods. We searched scientific databases for peer reviewed articles, and Google for grey literature.

From the 20 included documents, we identified innovative housing models including dementia villages; examples of care homes inviting the neighbourhood in to share spaces and activities; and some, but fewer examples of care home residents going out into the neighbourhood. Barriers to the latter included a lack of resources (time, money, and staff) and concerns from care home staff about the safety of people living with dementia.

We identified a range of benefits of neighbourhood engagement including for:

- Care home residents by improving well-being, reducing social isolation, and maintaining connections
- Staff by enhancing well-being and integration into the wider community
- Care homes by meeting standards, attracting prospective residents, and increasing revenue
- Neighbourhoods by strengthening community identity and having access to shared amenities

- Society by challenging ageism, reducing stigma, and improving attitudes toward care homes.

There is a need for ongoing understanding of the preferences and experiences around neighbourhood engagement for people living in care homes; as well as the role of care homes and the neighbourhoods they are situated within, to support social dimensions of what it means to live well in older age including with dementia.

In this presentation, we will highlight examples of good practice; discuss barriers to neighbourhood engagement; and provide recommendation for future research and practice.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-20 - The Hidden Group - LGBTQ+ adults in care homes

Bernie McInally, Emma Law
ENRICH/NDN Scotland

The Hidden Group: This poster raises awareness of the underrepresentation of LGBTQ+ adults in care home research, crucial given the heightened dementia risk factors they face, and their perceived exclusion from mainstream healthcare.

ENRICH Scotland promotes the inclusion of care home residents in research, and as most research, minority groups are frequently disregarded. Examining this issue within care home populations, specific challenges faced by LGBTQ+ individuals became apparent.

From the 2022 Scottish census, approximately 5% of care home residents may identify as LGBTQ+. However, due to historical discrimination, stigma, and mistrust of healthcare professionals, many may "re-closet" upon entering care settings, equating to possibly 2,000 residents—a significant number in care home research.

There is a well-documented increased risk of dementia within the LGBTQ+ community. Health disparities, higher rates of cardiovascular disease, diabetes, combined with barriers to healthcare access, contribute to this elevated risk. Additionally, "minority stress"—from lifelong discrimination, societal stigma, and identity concealment—often leads to depression/anxiety, further increasing dementia risk.

Social isolation, a cognitive decline contributor, is more prevalent in this group. Many LGBTQ+ adults live alone, have fewer familial support structures, and lack children who might otherwise serve as caregivers. An often-unintentional bias in dementia research is most clinical trials require a study partner, often inaccessible to many LGBTQ+ individuals.

Despite extensive research on these risk factors, recognition of LGBTQ+ issues within care homes remains largely absent. An ENRICH 2024 survey, included a question regarding specific support for LGBTQ+ residents however almost 80% of respondents indicated that

there was no LGBTQ+ champion or dedicated support worker with only 3% confirmed the presence of such support.

Although there are many well-documented strategies to address these disparities, including dedicated support roles, targeted training, and inclusive research practices the first step is raising awareness— which is the core purpose of this poster.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-08 - A realist synthesis of strategies to support safe wandering in care homes for older adults: what works, for whom, and in which circumstances?

Bryony Waters-Harvey[1], Emma Hocks[1], Emily Fisher[1], Reena Devi[2], Gemma Cherry[3], Iria Cunha[4], Andrew Booth[1], Tamara Backhouse[5], Sion Scott[6], Clarissa Giebel[3], Liz Jones[1], Jignasa Mehta[3], Steph Bates[1], Karen Spilsbury[2], Alys Griffiths[1]
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Background: Up to 60% of people with dementia living in care homes will 'wander' at some point, which has typically been seen by staff as something that is challenging to support. However, individuals with dementia report walking for enjoyment, purpose, habit, socialisation and exercise, and with the adoption of person-centred care, perceptions have shifted. Various non-pharmacological interventions and strategies have been tested to support or prevent wandering. Despite recent innovative practices, an emphasis on reducing or preventing wandering remains. Exploring strategies that enable safe wandering is crucial to uphold residents' independence and well-being.

Aims: The review aims to explore strategies for supporting people with dementia in wandering safely in care homes and the circumstances in which they lead to successful outcomes.

Methods: A realist review was conducted, to explore what works, in which circumstances, for whom, when supporting wandering. We scoped the literature to develop programme theories, which were refined with stakeholders' input. Systematic searches based on the programme theories were conducted, with results reviewed at the title/abstract and full-text stages. Studies were assessed for relevance, richness and rigour before being synthesised into stakeholder-prioritised programme theories.

Results: Analysis of 83 papers and grey literature documents identified key strategies within five refined programme theories: 1) personalised care, 2) monitoring of residents, 3) navigation around the care home, 4) managing access to different areas, and 5) supporting hydration and nutrition. Strategies included wayfinding cues in corridors, good signage, understanding residents' life history and environmental design. A trade-off between safety and freedom was evident, raising ethical concerns regarding resident privacy, exploitation, deception and autonomy.

Discussion: The findings emphasise the need for person-centred approaches delivered by staff who foster supportive environments. These strategies ensure that residents can walk safely while maintaining autonomy and well-being, subsequently improving staff well-being and work conditions.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-10 - From Products to People: Advancing Dementia Research in Long-Term Care

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Background: Clinical research is essential for advancing evidence-based care and shaping clinical guidelines. It should inform best practices both in hospitals and long-term care facilities (LTCFs), where many residents have dementia. However, conducting research in LTCFs presents unique legal and ethical challenges. *Living labs* have been proposed for conducting applied research in LTCFs. However, these models stem from engineering and product design, prioritising technological solutions over relational and service-based improvements. Our work emphasises the actions and capacities of care staff and their impacts on quality of life. We want to highlight the need for alternative staff-centred research approaches rooted in service design and ethical collaboration.

Challenges: LTCF staff are often unfamiliar with research processes and require specific training in ethics and regulatory compliance. In LTCFs, one of the most influential contributors to residents' quality of life is the staff's provision of daily care. Service design approaches emphasising co-creation, engagement and process improvement are better suited for this context.

Findings: We successfully conducted a clinical trial in LTCFs, demonstrating the feasibility of ethically sound research in these settings. Our experience highlights the importance of preparing staff for their research roles and supporting ethical reflection and decision making.

Recommendations

- Foster partnerships between research institutions and LTCFs, emphasising shared responsibility and ethical preparedness.
- Move beyond paternalistic research models and instead adopt service design methodologies that engage care staff in quality improvement efforts.
- Develop ethical protocols tailored to LTCFs, ensuring that consent and decision-making processes are inclusive and respectful of participants' rights.

Conclusion: To improve dementia care and protect vulnerable populations, research in LTCFs must be both ethically robust and practically feasible. Through equitable partnerships and ethically grounded staff-centred design, research can contribute to better care and guidance where it is most needed.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-11 - Promoting Partnerships Between Family Members and Staff to Improve Person-Centred Dementia Care in Long-Term Care Facilities

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Background: Person-centred care has been shown to improve outcomes for people with dementia. Involving family members in everyday decision making is a crucial element of person-centred care. However, few interventions involving family members have been evaluated. It remains unclear how collaborative relationships can best be established between family members and long-term care staff.

Methods: We hosted 18 patient and public involvement and engagement groups involving family members, people with dementia, long-term care staff and stakeholders (n = 150). The interview results were examined using inductive content analysis to explore participants' experiences along with various elements of everyday person- and family-centred care practices.

Findings: We identified seven key themes regarding the establishment of collaborative relationships based on mutual trust and partnership between family members and staff. Building a foundation that facilitated collaborative relationships required a shared understanding on person-centred care for people with dementia and on methods of collaborating with families and staff. Certain staff resources were crucial to meaningfully supporting family

members and building trust in these relationships. These include communication skills, specific knowledge on family carers and flexibility in daily processes and planned approaches. A continuous dialogue involving proactive information sharing helps family members to recognise the care being provided and to trust the staff. Developing shared strategies and goals through acknowledging each other's experiences and knowledge helps family members and staff to feel understood and to collaborate as partners.

Conclusion: Our findings highlight the importance of relationships based on trust and partnerships between family members and staff in providing person-centred care for people with dementia. Insights on important factors that promote these collaborative relationships will help clinicians to establish supportive environments and adequately support staff and family members in meaningful collaboration.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-12 - Social isolation, social provision and friendship perception in nursing homes: a mixed-method study

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Introduction: Nursing home are social environments where people who did not know each other live together. The challenge for residents is to build social relationships with other residents and professionals. This study aims to: 1. Analyse the perception of friendship from the point of view of residents and professionals. 2. Study which factors influence social isolation and social provision of residents.

Methods: Semi-structured interviews were conducted with 40 residents from 4 nursing homes and 20 professionals from 3 nursing homes and addressed issues such as the definition of friendship, the need to make new friends… The qualitative data from the interviews is currently being analysed and consists of content analyses to objectify themes and categories. Questionnaires were administered to residents to assess social isolation, social provision, cognition, anxiety and depression. Social isolation and social provision were analysed according to sex, educational level, cognitive status, anxiety and depression level. Participants gave oral consent to participate and all data was collected anonymously.

Results: The mean age of the residents was 87.65 years old, 67.5% were women (27), 45.9% had no cognitive impairment (17) and 54.1% had mild cognitive impairment (20). There was a significant difference in social isolation score (<0.001) and social provision score (0.001) according to the degree of depression: the absence of depressive symptoms resulted in less social isolation and more social provision. The themes most frequently mentioned by residents and professionals to define friendship are complicity and sharing, support, feelings of attachment and trust.

Conclusion: Depressive symptoms, social isolation and social provision are associated. The perception of friendship can provide ways of giving residents the opportunity to create social bonds in nursing homes and thus reduce social isolation and depressive symptoms

by increasing social provision. The aim is to promote social health of all residents, whatever their cognitive status.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-13 - Innovating Dementia Care Through Well-being Monitoring: The Development of WiDI (Well-being in Dementia Inventory)

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As the focus on well-being in dementia care grows, there remains a gap in how we define and measure deeper, meaning-based (eudaimonic) aspects of well-being in this population. This is largely due to the challenges posed by cognitive decline and difficulties with self-reporting. In response, we developed the *Well-being in Dementia Inventory (WiDI),* a new tool designed to assess meaning-based well-being in people with dementia, particularly those receiving care in residential facilities or at home.

We tested WiDI using data from two groups: carers of 174 care home residents and carers of 420 individuals living in the community. The tool captures six key dimensions of well-being: Self-Sufficiency, Functional Mastery, Goal-Based Mastery, Purposeful Engagement, Positive Interactions, and Constructive Self-Perspective. Statistical analyses confirmed that these dimensions form a stable and consistent structure across different settings, genders, and age groups. The WiDI also showed strong reliability and correlated well with existing well-being measures commonly used outside of dementia care, demonstrating its relevance and validity.

By offering a reliable, multidimensional view of well-being that goes beyond basic health or mood indicators, WiDI enables a more holistic, person-centred approach to dementia care. Its broad applicability across care settings supports better individualised care and has meaningful implications for practice, research, and policy.

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-15 - Better mealtimes for people living with dementia: Refining a training programme with experts by experience

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Some people living with dementia have difficulties at mealtimes, which can affect their physical and mental health. Care home staff provide skilled care at mealtimes, but there is a need for more and better training to support staff. This project has developed and tested an evidence-based training programme to promote better mealtime care for people living with dementia.

The mealtime care training programme was co-developed with input from UK care homes, including residents, staff, managers, family members and health professionals. It has been tested in three additional care homes, each different in context, size and ownership. Staff received the training and then provided feedback through focus groups, so that improvements to content, format and delivery could be considered. Focus group data were analysed using reflexive thematic analysis to generate initial themes, which have subsequently been further refined by author discussions. In addition, a process diary was used to record researcher experiences of organising and delivering the training.

There are now five themes which capture staff's response to the mealtime care training: A refresher for some, new knowledge for others; Understanding the nature and impact of different types of dementia; Making the most of group discussion; Practicalities of delivery; The importance of good facilitation. These themes will translate into tangible recommendations to improve the training. The process diary has highlighted the value of tailoring the timing of delivery to meet care homes' needs.

This information will help to facilitate wider roll-out of the training programme, to ensure successful implementation in as many care homes as possible. In the meantime, an animation has been created with experts by experience, to share the core principles quickly and accessibly (https://vimeo.com/1009856313).

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-21 - Sexual expression of people living with dementia in nursing home care: An investigation into the Irish and Catalan experience

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Universitat Rovira i Virgili

Sexual expression is a basic right throughout the life cycle, however, various factors often undermine the ability of older people to express themselves sexually in nursing home care. Questions around a person's capacity to consent to sexual acts further complicates the role nursing home staff play in simultaneously supporting one's right to sexual expression whilst safeguarding them from harm. Research on this topic is unclear about how to assess whether people with dementia have the capacity to consent to sexual relations and what role nursing home staff should play. Some countries, such as Australia and the United Kingdom, have made considerable progress in identifying measures to both train and guide staff, however, there is a dearth of research into the experience of Ireland and Catalonia (Spain).

The aim of this research project is to identify current understanding and practices of nursing homes in Catalonia and Ireland to support sexual expression and to address any ethical/moral dilemmas it may raise. Currently, there are no protocols in place in either Ireland or Catalonia to improve the sexual health of residents and prevent possible cases of sexual harm.

The project will use an action research methodology, which will include qualitative and quantitative elements, and will also involve stakeholders such as people with dementia, nursing home staff, family members and supporters of people with dementia, as well as advocates for people with dementia. Co-production methods such as *world cafés and cooperative inquiry groups* (involving all stakeholders, but with a focus on people living with dementia and nursing home staff) will be used to develop a guide for nursing home staff and family members of people with dementia living in nursing homes in both Catalonia and

Ireland, with the aim of addressing the right to sexual expression and preventing sexual harm.

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Care services - Residential care

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POS03-16 - An analysis of the services offered in nursing homes for people with dementia

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Introduction: In 2023, the Italian National Institute of Health carried out a national survey on nursing homes (NHs), with the purpose of updating data on their infrastructure and organization. This activity is part of the project" The Italian Fund for Alzheimer's and other dementias".

Methods: A list of all nursing homes for the elderly was provided by each region. Each facility was asked to complete an online questionnaire between January - October 2023, addressing the location, type, and physical characteristics of the facility, along with a data collection form covering access procedures, user characteristics, organizational aspects, services, treatments provided.

Results: A total of 1,671 facilities accommodating PwD participated in the survey, with a response rate of 46.3% (46% of the North, 52.4% of the Center and 37.2% of the South and Islands). Most of the facilities were private under agreement with the national health system (94.7%) and primarily located in the northern regions. Facilities with a level classification of R2D were less than one-seventh and were significantly more frequent in the macro-area of the South. Half of the facilities reported waiting times of less than 3 months. A quarter of

them offered an openly available NH service and half provided respite admission. In Central Italy, spaces like the theatre, tea room or bar, gym, and Alzheimer's garden were less commonly found in facilities. A case manager is present in half of the facilities, typically a nurse. The most frequently used multidimensional assessment tools were Sosia and the Svama.

Conclusion: Our findings highlighted a substantial heterogeneity in the care of PwD across macro-areas and regions. These insights may inform initiatives aimed at reducing fragmentation, ensuring the availability of adequate resources and infrastructure to support PwD and their caregivers.

Project carried out with the technical and financial support of the Ministry of Health

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Care services - Residential care

07/10/2025 - 10:00-17:30 - POS03. Residential care

POS03-18 - Housing Models for Individuals with Cognitive Decline: Exploring Alternatives for Supporting Autonomy

Pauline Denise Monteiro, Kevin Rabiant
France Alzheimer et maladies apparentées

France is facing a shortage of spaces for individuals with cognitive decline, and with the progression of Alzheimer's disease, there is an increasing need to find alternative solutions.

This study explores and compares three housing models for individuals experiencing loss of autonomy - including cognitive autonomy: traditional nursing homes (EHPAD), small-scale living units (PUV), and Alzheimer's shared housing models—based on their economic sustainability, quality of care, and accessibility.
Drawing on a literature review, ten ethnographic field visits, and a focus group with family caregivers, the research highlights the growing relevance of Alzheimer's shared housing, which offers a flexible and human-centered environment. Despite their strong local roots and the unique role of shared caregivers (AVPs), these models remain economically fragile and often inaccessible to low-income families.
In contrast, PUVs—particularly those supported by public funding or social housing providers—stand out for their social utility and financial accessibility, though they depend heavily on institutional backing.
Traditional EHPADs show financial stability but limited innovation and high out-of-pocket costs. The findings underline the importance of tailoring housing models to local contexts and support structures, rather than seeking to generalize one model.

While no single approach offers a perfect solution, this study reveals that hybrid and community-based formats—when adequately supported—can effectively address the diverse needs of people living with dementia and their families.

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Care services - Residential care

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POS03-19 - Going outside: access to the surrounding area by people living with dementia in Portuguese care homes

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As the global prevalence of dementia rises, long-term care homes (LTCs) have become a primary setting for older individuals living with this condition. Yet, residing in an LTC facility does not necessarily entail being confined. Outdoor access—particularly beyond the facility's premises—can promote autonomy, dignity, and social connection, especially for residents with dementia. However, empirical evidence on this issue remains scarce.

This study aims to explore the conditions under which residents with dementia living in Portuguese LTCs access the surrounding area. Drawing on a cross-sectional survey conducted between January and July 2024 among 424 LTC directors (16,769 residents), we analyse the extent and nature of outdoor access outside the institutional perimeter, the frequency and types of outdoor activities, and the structural, organisational and environmental factors shaping these practices.

Descriptive and multivariate statistical analyses reveal substantial variation between facilities. Only 8.8% of LTCs grant residents with dementia regular access to the neighbourhood. Organised outdoor activities are reported by 45.6% of respondents, but only 27.2% observe residents outside frequently. The likelihood of neighbourhood access increases when homes have more specialised staff, better outdoor infrastructure, and are embedded in walkable, secure, and aesthetically valued environments. Additionally, policies and training in person-centred care were significantly associated with enhanced access.

These findings underscore the importance of integrating spatial, organisational and human resources to foster inclusive care practices. Beyond the physical boundaries of LTCs, the urban and social characteristics of the surrounding area play a crucial role in enabling or constraining the lived experience of people with dementia.

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Care services - Home care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-21 - Gender differences in the informal care costs of people with cognitive impairment: digiDEM Bayern

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Background: The economic consequences of dementia pose major challenges for healthcare systems [1]. Informal care costs account for 50 - 80% of the total costs of dementia in Germany and worldwide [1].

Methods: In a multicenter, prospective register study “Digital Dementia Registry Bavaria - digiDEM Bayern” we documented care time using the “Resource Utilization in Dementia Lite (RUD-Lite)”. RUD-Lite is measuring hours for support of activities of daily living. We used the opportunity cost approach to calculate informal care costs and carried out sensitivity analyses to compare two variants. The gender differences of people with dementia requiring care were evaluated using two sample t-tests.

Results: We evaluated 381 informal caregivers. The average monthly care time for the support of activities of daily living differed significantly according to the gender of the care recipient (t_{309} = 2.62, p = 0.009) and amounted to 129.8 (SD = 116.5) hours

for men and 100.1 (SD = 98.3) hours for women. The estimated average annual informal care costs also differed according to the informal care times. The informal care costs were higher for men (€21,235 - €46,927) than for women (€20,859 - €38,628) in both variants.

Conclusion: The results show that caring for men with cognitive impairment requires more time compared to women. This is also reflected in the associated informal care costs.

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

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-01 - Formal Caregivers' Perspectives on Care Challenges and Ethical Issues in Home-Based Dementia Care

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Aim: This qualitative study explored the challenges and ethical dilemmas experienced by healthcare professionals providing home-based care to people with dementia and their caregivers. Using an interpretive approach, the study focused on understanding the experiences and the challenges the professionals faced working in the community.

Methods: Eighteen healthcare professionals (5 social workers, 8 registered nurses, 5 medical doctors) from state hospital home care units, municipal services, and nursing homes participated. Data were collected through semi-structured focus group interviews between March and July 2024. The interview guide addressed ethical dilemmas, service delivery challenges, and care coordination. Data were analyzed using Interpretative Phenomenological Analysis (Smith et al., 2022).

Findings: Three major themes emerged:

Theme 1: Perceptions, Differences, and Gaps in Service Provision
This theme addresses recognizing different types and stages of dementia, perceptions toward people with dementia, and the inconsistencies, disruptions, and inadequacies in the delivery of formal services.

Theme 2: Dementia Patients' Needs, Care Challenges, and Family Involvement
This theme explores identifying the physical, emotional, and social needs of people living with dementia, family caregivers' difficulties in meeting these needs, including systemic and personal challenges, and families' critical role in providing and coordinating dementia care, often with limited external support.

Theme 3: Ethical Issues and Dilemmas in Home Care
This theme explores identifying the physical, emotional, and social needs of people living with dementia, family caregivers' difficulties in meeting these needs, including systemic and personal challenges, and families' critical role in providing and coordinating dementia care, often with limited external support.

Conclusion: The study highlights the need for more straightforward ethical guidelines, improved interdisciplinary collaboration, and enhanced training for home care providers. Findings offer insights for better support systems for home-based dementia care.

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Care services - Home care

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POS04-04 - How could technology be used to facilitate domiciliary dementia care? Perspectives of people with dementia, their families and care providers

Elisabeth Grey[1], Megan Pardoe[1], Patrycja Nasiadka[1], Bradley Barker-Jones[1], Olivier Belan[2], Katie Breheny[1], Ilianna Lourida[3], Daniele Soria[2], Rasa Mikelyte[2], Christopher Poyner[4]
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Many people with dementia would like to remain living in their own homes for as long as possible. This is often enabled by support from partners, family and friends (‘unpaid carers’). As their dementia progresses, paid-for support from domiciliary care workers may also be needed to help with practical tasks and personal care, as well as provide social and emotional support. Previous research has highlighted various challenges faced by families in initiating or organising home care, such as concern about loss of independence, feeling bound by inflexible schedules and experiences of poor care. This can lead to families not engaging with home care, placing unmanageable demand on unpaid carers. Conversely, domiciliary care workers face high levels of stress, long shifts, sometimes unpredictable hours and low pay; this leads to high staff turnover, making the future of home care increasingly precarious.

There is potential for technology to help address some of the problems in organising and providing domiciliary dementia care, by using algorithms to match care workers with families and enable more flexible scheduling. However, it is first essential to understand the needs and preferences of all those involved in receiving and delivering care. In this user needs study, we are conducting online, and in-person focus groups in the UK with four populations: people with dementia, unpaid carers, domiciliary care workers and domiciliary care managers. By using vignettes of potential digital platforms for organising domiciliary dementia care to help guide discussions, focus groups are exploring the preferences and contextual barriers and facilitators of service users and providers. Findings will be used to

identify and prioritise recommendations, including potential risks, for designing digital platforms to facilitate domiciliary dementia care provision.

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Care services - Home care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-05 - Factors associated with crisis admissions in community-dwelling people with dementia

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Background: Community-dwelling persons with dementia are vulnerable to crisis situations, which can result in detrimental health effects and increased healthcare costs. This study aims to identify factors associated with such crisis admissions. While previous research has primarily focused on health-related factors, such as polypharmacy and falls, this study extends the focus by also examining factors related to primary healthcare utilization that may contribute to crisis admissions.

Methods: We conducted a retrospective case-control study in electronic medical records of community-dwelling persons with a dementia diagnosis in 10 Dutch general practices. Extracted data included the occurrence and type of crisis admission, demographic information, medical background and symptoms, behavioral characteristics, informal carer characteristics, and primary healthcare utilization. Univariable logistic regression was employed to identify variables associated with crisis admissions. Multiple regression analysis was used to determine variables independently associated with crisis admissions.

Preliminary results: Preliminary analyses were conducted on a sample of 169 subjects from seven general practices, including 50 cases who experienced a crisis situation and 119 controls. Univariable analysis identified malnutrition, fall incidents, wandering, a higher number of comorbidities, and frequent general practice consultations as factors that increased the odds of crisis admissions. Involvement of a case manager was associated with reduced odds of crisis admissions. In the multivariable logistic regression analysis only

fall incidents and wandering proved to be independently associated with greater odds of crisis admission. Data collection is ongoing.

Conclusion: Fall incidents and wandering appear to be associated with crisis admissions. Additional data collection may shed better light on whether factors related to primary healthcare utilization are independently associated with crisis admissions. With this knowledge, tailored strategies can be developed to minimize the occurrence of crises and their corresponding health risks. We expect to present complete results in October 2025.

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Care services - Home care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-07 - Domiciliary dementia care from the perspectives of people living with dementia: a rapid review

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Objective: To review literature on domiciliary dementia care with a current focus on the views and experiences of people living with dementia (PlwD) receiving care at home.

Methods: This research forms part of a larger rapid review on experiences of domiciliary dementia care from the perspectives of PlwD, informal carers, and domiciliary care workers and managers, along with facilitators and barriers to optimal care delivery. Electronic searches were undertaken on MEDLINE, PsycInfo and CINAHL up to September 2024, supplemented by reference checking. Following screening and data extraction by a team of reviewers, studies were prioritised for synthesis based on focus and quantity of data available.

Results: Findings from 11 prioritised studies including views of PlwD indicated both positive and negative experiences of care. For many PlwD, particularly those living alone, homecare visits provide social contact, security, and a sense of “being taken care of”. Knowing about dementia and knowing about the person that receives care are two different but equally important elements of good care - homecare workers should have knowledge and skills for both. PlwD value maintaining their autonomy, choice, and inclusion in decision-making but experience limited opportunities for this. While acknowledging homecare workers’ demanding schedules, PlwD are often frustrated by the short and task-oriented visits. Time, staff consistency, and acknowledging the personhood and preferences of PlwD enable the building of trust and relationships between care receivers and providers, and have a positive influence on the experience of care.

Conclusion: Despite underrepresentation in the literature, PlwD convey clear preferences regarding domiciliary care. Their mixed experiences highlight the need for improvements in

both care practices and organisation to optimise domiciliary care delivery, including dementia-specific training for homecare workers to facilitate person-centred care, and improved visit scheduling and rostering to enable consistency and continuity of care.

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Care services - Home care

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POS04-08 - It is Not the Apple's Fault – Understanding the Drivers, Facilitators, and Barriers of Health-Seeking Behaviour in Patients with Dementia: Findings from the DelpHi Study

Nadia Blecha[1], Iris Blotenberg[2], Lina Charlotte Jeran[2], Wolfgang Hoffmann[2], Jochen René Thyrian[2]
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Objective: In this analysis, we examined the relationship between healthcare utilization and predisposing, enabling, and need-based factors, such as cognitive and functional status, comorbidity, social support, and socio-demographic factors in patients with dementia (PwD) across 5 years.

Methods: We utilized data from four hundred ninety-nine participants from the DelpHi trial (dementia: life- and person-centred help in Mecklenburg-Western Pomerania, Germany). Generalised Additive Mixed Models (GAMM) were applied. We stratified for depressive symptoms and sex.

Results: In the main model, cognitive status (EDF = 1.93, F = 12.10, $p < 0.0001$) showed a u-shaped, and depression (EDF = 1.82, F = 8.44, $p < 0.0001$) and emotional support (estimate = 0.12, SE = 0.04, t = 4.33, p = 0.0003) showed a positive relationship with healthcare utilization in PwD. In participants with depressive symptoms, a u-shaped relationship between cognitive status, and age and frequency of doctor visits was found, and a negative relationship with living with someone and doctor visits. In the stratified models, women showed a more complex healthcare utilization pattern, where need-based factors played a more prominent role.

Discussion: Our analysis delivers important insights on the association between cognition and healthcare utilization and emphasize the importance of assuming non-linearity in investigating PwD. Participants with depression had statistically significant more doctor visits

compared to participants with no depression and emotional support was found to play a pivotal role in healthcare utilization.

Keywords: dementia, healthcare utilization, longitudinal study, older people

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Care services - Home care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-09 - Nurse-led implementation of the Closer to Home project, increasing access to specialist dementia care

Helen Green[1], Donna Bloy[1], Phil Joddrell[2]
[1]Dementia UK, [2]Dementia UK, The University of Sheffield

Dementia is a significant public health issue in the UK, with the number of affected individuals projected to rise from 982,000 in 2025 to 1.4 million by 2040. Addressing the challenge of caring for people living with dementia requires a coordinated effort across healthcare, social services, and research communities to ensure that those affected by dementia receive the necessary care and support. Nurses in leadership roles within healthcare organisations are ideally placed to drive the necessary change in order to meet such a challenge.

Closer to Home (C2H) is a nurse-led project by the national charity Dementia UK, aimed at increasing localised dementia care provided by specialist dementia nurses. Initially designed as a mobile support unit, the project adapted to virtual clinics due to the COVID-19 pandemic. The transition to virtual clinics allowed for increased appointment availability and broader reach, highlighting the importance of flexible service delivery models in healthcare. Once COVID restrictions were lifted, in-person clinics were offered through an innovative delivery method with clinics hosted nationwide in the high-street branches of a UK bank.

The initial aim to provide 2,400 appointments over the four year project was exceeded within the first 18 months due to the enforced pivot to offering virtual appointments. Despite the project delivery duration being reduced to under three years because of the pandemic, the combined total of virtual and in-person appointments was 3,521, almost 50% above target.

The experiences and outcomes of the C2H project provide valuable insights for dementia care and nurse leadership, emphasising the need for innovative approaches to meet the growing demand for dementia support services. The legacy of the project at Dementia UK

has been the permanent introduction of virtual clinics, offering 120 appointments each week with specialist dementia nurses, and the expansion of the high-street bank clinic service.

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Care services - Home care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-10 - Enhancing Home Care through a Multicomponent and Integrated Model: Evidence from a pilot project

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Home support for individuals living with dementia and their long-term care are among the primary challenges in today's healthcare and welfare system. Experts and literature have highlighted the importance of a multidimensional approach that emphasises personalisation and considers the person as a whole entity. Despite this need, practical implementation is complex due to feasibility and viability limits in contexts of insufficient resources and significant heterogeneity in methods and available services in communities. This lack negatively affects individuals' quality of life and imposes a burden on the care partners who often navigate complex care scenarios, execute multiple therapies, manage comorbidities and make non-health-related decisions, such as financial, legal, and administrative, while taking care of themselves and other family members.

They live in a fragile equilibrium, with limited information, competence and experience, increasing care load and burnout risk. Although support exists, access remains limited and could overlook the important multidimensional approach to dementia. This research shares preliminary findings of a pilot project to implement a Care Management and Coordination Model based on Progetto Rughe ODV (Gavirate - Italy). The model aims to support families at every stage of their dementia journey with tailored care. It expands the Care Ecosystem Model, introducing personalised, integrated and continuous Care Navigation Programs within home care services.

It offers counselling, training, and customised care plans to manage daily life, while facilitating access to multidisciplinary expertise teams and proximity networks. Additionally, it assists individuals and carers in finding effective care solutions and managing financial, legal and other matters through a continuous, systematic and preventative approach in a timely manner. This research explores opportunities and challenges in implementing such

a model; findings will contribute to deeply reflecting on the model's potential for success and shortfalls.

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Care services - End-of-life care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-11 - Five pillars for interprofessional advance care planning over the dementia trajectory

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Background: Advance care planning in dementia requires interprofessional collaboration across organizations and settings. However, such collaboration is often limited, leading to lack or loss of information about clients' needs and preferences.

Aim: To develop an interprofessional approach that supports professionals in collaborating while providing advance care planning over the course of the dementia trajectory.

Method: Using Participatory Action Research (PAR), we developed the approach during eight co-creation sessions with various professionals, researchers, and representatives of people with dementia. Barriers in interprofessional work were discussed and translated into solutions, informed by semi-structured interviews with professionals from different settings (hospital, home, GP practices, palliative care, nursing homes) and file reviews.

Results: The working group identified five pillars to support professionals in interprofessional collaboration in advance care planning for dementia:

1) *Supporting professionals by using training and conversation tools* to improve attitudes and skills;
2) Cl*ear agreements on roles, responsibilities and tasks*, based on an inventory of involved professionals, the advance care topics they address and their contacts;
3) *Developing a common language for advance care planning*, covering end-of-life, medical decisions, daily joys of life, care, legal aspects, living arrangements and social relationships;

4) *Exchanging information clearly* through a commonly used form;
5) *Continuous learning* from practical and moral dilemmas.

Conclusion: These five pillars provide structure for interprofessional collaboration in advance care planning over the dementia trajectory. Our next step is to pilot-test the pillars in different organizations and settings.

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Care services - End-of-life care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-12 - Places of death and time from diagnosis to death in people with dementia: digiDEM Bayern

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Background: Common causes of death of people with dementia are complications of the respiratory system, cardiovascular complications or strokes. In previous studies, the median survival time after diagnosis was 2.2 to 8.9 years. The aim of this study is to investigate places of death and time from diagnosis to death in people with dementia.

Methods: The data basis is the multicenter, prospective register study “digiDEM Bayern”. The diagnosis was made by medical staff. Socio-demographic data and information on the death of the participants were recorded on the basis of 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: 49 people died during the course of the study. At the time of death, the participants were on average 82 years old and had an average MMST score of 19 points. The majority of people were affected by Alzheimer's disease (28.6%) or unspecified dementia (26.5%). The median time from diagnosis to death was 35 months. The largest proportion of people died at home (40.8%), followed by hospital (34.7%). None of the people died in a hospice or used specialized outpatient palliative care (SAPV).

Conclusion: It is important to pay attention to comorbidities, as those affected rarely die from the dementia itself. Although it is difficult to determine the time of the last phase of life in dementia, it is important to raise awareness of the possibility of palliative care in dementia, as none of the participants made use of specialized palliative care.

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 - End-of-life care

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POS04-14 - End of life in nursing home residents with Young-Onset Dementia

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Background: Palliative care in dementia aims to preserve quality of life. Palliative care goals evolve throughout the disease trajectory, ultimately focusing on ensuring comfort in the end-of-life phase. While research has predominantly addressed individuals with late-onset dementia, the palliative care needs of people with young-onset dementia (YOD) remain poorly understood.

Methods: We conducted an observational cohort study in YOD special care units in the Netherlands. After death, physicians, family caregivers, and nursing staff completed questionnaires about residents with YOD, covering symptoms, health problems, quality of life and dying, and treatment approaches at the end of life.

Results: Among 114 residents with YOD, Alzheimer's dementia was the most common diagnosis (47.1%), and most had advanced dementia (Global Deterioration Scale 7) during their final month of life. Pain was the most frequently reported symptom in the last week (55.2%). The mean End-of-Life in Dementia-Comfort Assessment in Dying score was 32.7 (14-42). Most residents (83.8%) died peacefully within their last six hours. Common dementia-related health problems included urinary incontinence (83.8%), fecal incontinence (81.8%), and dehydration (67.1%). The global care goal was palliative in all cases, emphasizing quality of life. Treatments primarily focused on palliation and symptom management, with palliative sedation administered in 39.3% of cases. Pharmacological treatments were frequently used, especially opioids (88.3%) and benzodiazepines (80.0%). In

most cases of agitation (N=45), non-pharmacological interventions were applied (84.4%), of which person-centered care or emotion-centered care (62.2%) most frequently.

Conclusion: At the end of life, dementia-related health problems were highly prevalent among residents with YOD. A palliative care approach, prioritizing comfort over burdensome treatments, was widely adopted in Dutch specialized nursing home care.

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Care services - End-of-life care

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POS04-15 - Changing the Conversation: Grassroots and Creative Initiatives in End-of-Life Care

Carmel Geoghegan[1], Fay Wilkinson[2], Ashley McGuinness[3]
[1]Dementia Ireland Empowering Communities, [2]The Creative Cocoon, [3]Advocate/ PPI

Currently in Ireland and elsewhere, understanding of end-of-life is often limited, with attention focused narrowly on the final stages and clinical aspects of palliative care. This perspective overlooks the importance of enhancing quality of life throughout the end-of-life journey. For many individuals, priorities include remaining at home and navigating transitions in care as needs change. However, available supports do not always align with these wishes, which can negatively impact patients and families.

Drawing on lived experience and collaboration with dementia advocates, this work campaigns for creative approaches to be central in designing and delivering end-of-life services. Creative conversations can open meaningful discussions about end-of-life care. For example, a 2013 carer-involved research project demonstrated how initial conversations evolved over time and highlighting potential for change. Person-centred and carer approach offers more hopeful possibilities for those facing a new diagnosis. PPI endeavours along with involving patients, carers, and families from the outset helps reframe these conservation and advances end of life discussions to better reflect the realities of end-of-life care.

The landscape is evolving, with initiatives such as Death Cafés, Death Doulas, and European research projects fostering public dialogue and reclaiming end-of-life conversations as part of living well. These grassroots approaches highlight the need for services that are not only clinically relevant but also emotionally and socially responsive. Creative, inclusive approaches are essential for improving end-of-life experiences; ensuring care is aligned with the needs and wishes of individuals and their families. By embracing

these innovative methods, we can enhance end-of-life care into a more compassionate, holistic, and person-centred experience

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Care services - Hospital care

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POS04-16 - Family Interventions of Dementia Mental Health Environments (FIND ME): A UK survey of the structure, care provision and family carer support of dementia inpatient units

Rosie Dunn[1], Emma Wolverson[1], Juliet Gillam[1], Benjamin R Underwood[2], Katie Featherstone[1], Nathanael Bean[2], The Inpatient Dementia Experience Group[1]

[1]University of West London, [2]University of Cambridge

Introduction: Dementia Inpatient Units (DIUs), also known as mental health wards, challenging behaviour units and psychiatric wards/hospitals, are a common site of care for some of the most vulnerable people living with dementia (PLWD). However, there is a lack of information about the number and type of DIUs that exist nationally and internationally, and the type of support they offer to family carers. Furthermore, there is a lack of standard guidelines on best practice in DIUs for PLWD and their family carers. These results present the first UK-wide survey which highlights current care practices to support and involve family carers when their relative with dementia is admitted to a DIU.

Design: A mixed-methods questionnaire utilising multiple-choice and open-response items, created in collaboration with our Patient and Public Involvement Advisory Group.

Method: 178 UK DIUs were identified by searching online Care Quality Commission records. The ward manager of each DIU was invited to complete the survey.

Results: DIUs varied in how they support and involve family carers. Many DIUs offered tailored carer information, flexible visiting times and invited carers to multidisciplinary meetings about their relative. Some DIUs also involved carers in their relative's care plans, provided carer peer support groups and assessed carer's needs. Other DIUs did not routinely offer this support or involve carers in decisions about their relative's care, suggesting a lack of funding, resources and staffing to offer support to family carers of PLWD detained on a DIU.

Conclusion: The results from this survey will be used to develop best practice guidelines that can be implemented across all DIUs, both nationally and internationally, to improve the quality of care provided to family carers and in turn, PLWD. However, further research is needed to understand DIUs that exist in other countries and how they involve and support family carers.

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Care services - Hospital care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-17 - Demonstrating the Value of Admiral Nurses: A Pilot Study on Cost-Effectiveness and Impact

Madeleine Walpert, Phil Joddrell, Ryan Gray, Emma Wolverson, Karen Harrison Dening
Dementia UK

Admiral Nurses, specialist dementia care nurses in the UK, provide expert and compassionate support to individuals with dementia and their families. While qualitative data widely recognises the positive impact of these nurses on quality of life for families affected by dementia, there is limited quantitative evidence to support their cost-effectiveness and potential to reduce broader healthcare costs. This gap influences commissioning decisions, affecting the rate at which new services are implemented. With the rising number of people living with dementia in the UK and the increasing pressure on family carers, it is vital that these services are upheld.

This pilot study aims to provide robust economic evidence to demonstrate the value of Admiral Nurse services, supporting future investment and service expansion. The study will focus on two key settings: acute hospitals and community-based services. Working with a health economist, we will explore how Admiral Nurses contribute to cost savings, including reducing hospital admissions and readmissions, shortening hospital stays, delaying entry into residential care, and preventing unnecessary GP visits.

A mixed-methods approach will be used, incorporating stakeholder consultation, case studies, and economic analysis. Retrospective data will be collected through collaboration with Admiral Nurses and host organisations.

The outputs of this research will provide evidence-based guidance on the financial impact of Admiral Nurses, presenting a strong case for their role in improving dementia care while reducing healthcare costs. This study will also develop tools and methods that enable

dementia specialist nurses to track and demonstrate their cost-saving activities, strengthening their ability to advocate for service growth. By showcasing the value of Admiral Nurse services, this work addresses a critical challenge faced by healthcare systems internationally ensuring that specialised dementia care is both accessible and cost-effective.

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Care services - Hospital care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-18 - What is an 'Alzheimer's friendly' approach in hospital?

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[1]fondation mederic alzheimer, [2]FONDATION MEDERIC ALZHEIMER

Introduction: The ageing population is putting pressure on hospitals, which are receiving more and more elderly people, especially the frailest, with cognitive disorders and psycho-behavioural symptoms. Hospitalisation can exacerbate the loss of autonomy and exacerbate disorders in people with Alzheimer's disease. Hospital departments are often unprepared due to a lack of time, resources and professional training.

The aim of the “Alzheimer Friendly” approach is to improve the reception, care and treatment of people living with Alzheimer's disease and their caregivers.

The Fondation Médéric Alzheimer supports and promotes initiatives designed to make hospitals “Alzheimer Friendly”. The Fondation Médéric Alzheimer supports and promotes initiatives aimed at making hospitals "Alzheimer friendly". This is done through an annual competitive call for projects with a financial contribution of €300,000.

A number of levers can be used to make hospitals 'Alzheimer friendly', such as improved identification of people, better recognition of the place and role of carers, awareness raising among health professionals, adaptation of spaces, a global approach with better organisation within or between departments, etc.

An optimised EHPAD-hospital or home-hospital link can also promote a calmer, higher quality care pathway for people with Alzheimer's disease and their families.

A wide range of projects have won awards in recent years:
• Improving care in a surgical unit, with a gerontological care assistant acting as a liaison between the patient, carer and nursing team.
• Creating a geriatric care pathway in an A&E department by redesigning the space,
• Involving carers and developing a bank of 'Alzheimer's friendly' care protocols.
• Establishing a mobile oral health team to visit care homes,
• addressing the issue of transport and lack of appropriate facilities for these vulnerable people.

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Care services - Hospital care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-19 - The VOICE2 mixed-methods study to develop and test a communication skills training intervention for hospital staff to help avoid or resolve distressed behaviour

Rebecca O'Brien[1], Claire Surr[2], Alison Pilnick[3], Suzanne Beeke[4], Danai Theodosopoulou[5], Andrew Papworth[6], Marie Jane[2], Rachel Clark[7], Lauren Bridgstock[3], Isabel Windeatt-Harrison[8], Kate Sartain[9], Morag Whitworth[9], Louise Bramley[10], Sue Haines[10], Lovelyn Umeloh[10], Rowan Harwood[5]
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People with dementia face significant challenges communicating their needs in an acute hospital environment. If their ability to communicate is compromised, they may express their unmet needs through distressed behaviours, such as physical and verbal agitation, which if not dealt with well by staff, may escalate further.

The VOICE2 study aimed to identify what staff communication practices worked best to avoid or resolve the distress of people with dementia and to spread this good practice through developing and testing a training intervention for hospital staff.

Video recordings of naturally occurring interactions between hospital staff and patients with dementia who had previously shown distress were collected from older person's wards in two UK acute general hospitals. 53 recordings were collected and analysed using Conversation Analysis. This identified three 'trainable' communication practices, which were managing reality disjunction, accounting for care, and obeying the rules of conversation.

An expert group developed a face-to-face training intervention for hospital staff based on these practices. A 'train-the-trainer' model was used, drawing on experiential learning theory.

The communication skills training course was implemented across three UK acute hospitals to 145 attendees.

A longitudinal, mixed-methods case-study design was used to evaluate training impact and barriers and enablers to implementation. The course was well received, with good evidence of increased confidence and improvement in knowledge. Staff reported communication practices were relevant and practical to use. However, impact on staff's communication practices and patient outcomes was less clear.

The study provides evidence for communication practices that avoid or resolve distress, and that are useable in daily ward practice.

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Care services - Hospital care

07/10/2025 - 10:00-17:30 - POS04. Other care services

POS04-20 - Specialist clinical pathways in audiology services for adults living with coexisting hearing loss and dementia: a scoping review

Emma Broome[1], Ethan Beckford[2], Sophie Mai Wenje[2], Sian Calvert[3], Helen Henshaw[3], Ruth V Spriggs[3], Tom Dening[4], Eithne Heffernan[3], Elizabeth Hendron[5]
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Introduction: Hearing loss and dementia are both associated with ageing. Many individuals living with dementia also live with hearing loss. Both dementia and hearing loss present substantial challenges for individuals and healthcare systems more broadly. Despite the large comorbidity between these two conditions, there is a lack of established guidelines in audiology services for assessing and managing patients living with mild cognitive impairment or dementia.

This scoping review examines whether specialist clinical pathways exist in audiology services for people living with suspected or diagnosed mild cognitive impairment or dementia. Specifically, this review explores and describes features of such pathways and examines current practice guidance regarding the care of this population.

Method: The following electronic databases were searched: CINAHL, EMBASE, MEDLINE, PsycINFO, PubMed, Scopus and Web of Science. The eligibility criteria were defined according to the domains of the SPIDER (Sample, Phenomenon of Interest, Design, Evaluation and Research type) search strategy tool. Primary research studies and grey literature sources were eligible if published within the last 15 years. Studies eligible for

inclusion contained adults living with suspected or confirmed dementia, their carers, or clinicians within audiology services. Article quality was assessed using the Mixed Methods Appraisal Tool.

Results: A total of 18 documents were included. A qualitative synthesis is currently underway. Results will be synthesised and reported in line with reflexive thematic analysis guidelines. Patient and public representatives are assisting with data interpretation and contributing to the development of recommendations arising from the review.

Conclusions: At present, there is no established guidance for assessing and managing hearing loss for people living with mild cognitive impairment or dementia. This review addresses an important knowledge gap by providing in-depth insights on current audiological care for this population within audiology services. It identifies gaps in the current literature, which will inform future research studies.

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People - People with dementia

07/10/2025 - 10:00-17:30 - POS05. People with dementia

POS05-01 - The Dangers of Ageing as a 70+ Trans/Nonbinary Person With Dementia: The Urgent Call Need for Trans-centric Care

Daithí Clayton
Self

Ageing as a trans/nonbinary person with dementia presents unique and often overlooked challenges, compounded by systemic exclusion, misgendering, and a lack of appropriate care frameworks. At 70+, I have witnessed firsthand the profound gaps in dementia care for people like me—transgender, nonbinary individuals whose gender identities and experiences are routinely erased or marginalized. This reality is amplified by the intersectional factors of age, gender identity, and cognitive decline, leaving us vulnerable to both neglect and harm.

The lack of inclusive care policies perpetuates trauma and diminishes our quality of life, while contributing to the erosion of our dignity and personhood.

In this presentation, I will discuss my own experience navigating the complexities of dementia as a trans/nonbinary individual and highlight the urgent need for trans-centric care models that address the specific needs of gender-diverse people living with dementia. Drawing from my work with dementia researchers and advocates, including Dr. Andrew King, Dr. Jolie Keemink, and others, I will call for systemic change in dementia care to ensure safety, respect, and inclusion for all individuals, regardless of gender identity.

Our voices are critical in shaping dementia care policies, yet they are often silenced. It is time to listen to those of us who are most vulnerable and take action to create a future of inclusive, respectful, and compassionate care for all.

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People - People with dementia

07/10/2025 - 10:00-17:30 - POS05. People with dementia

POS05-02 - Exploring Frequency-Specific Brain Activity to Improve Understanding and Early Detection of Alzheimer's Disease

Heng Zhang[1], Simon Laws[1], Lei Xie[2], Shuhua Ma[2]
[1]Edith Cowan University, [2]Shantou University Medical College

Changes in brain activity can appear before memory symptoms, offering opportunities for earlier detection and support. This study explored how different ways of analysing brain activity using resting-state functional MRI (fMRI) can help identify early changes linked to Alzheimer's disease (AD) and mild cognitive impairment (MCI).

We studied brain scans from 99 individuals, including 14 people with AD, 45 with MCI, and 40 healthy participants. We compared three methods of measuring low-frequency brain activity (ALFF), including a newer wavelet-based technique that analyses specific frequency bands, alongside two established methods. We also looked at two other measures: local brain synchronisation (ReHo) and overall brain connectivity (degree centrality).

The wavelet-based method (mWaveletALFF) detected more brain regions with abnormal activity than the other two ALFF approaches, particularly between MCI and AD. Different frequency bands revealed different patterns: one highlighted decreased activity in regions linked to amyloid pathology, while another showed increased activity in areas often affected by tau protein.

Our findings pointed to three key areas of interest:
(1) Decreased activity and connectivity in the cerebellar Crus1 region, suggesting this area may play a larger role in dementia than previously thought;
(2) Abnormal activity in the salience network and striatum, possibly reflecting the brain's attempt to compensate in early stages;
(3) Reduced coordination across the brain's posterior network, including the precuneus and angular gyrus, especially during the MCI stage.

This approach offers a non-invasive and frequency-sensitive way to track changes in the brain that may help explain how dementia develops. It could lead to earlier and more personalised support strategies for people with cognitive impairment. By integrating frequency-specific activity with connectivity features, this approach offers a multi-layered view of brain changes that may enhance early-stage monitoring and tailored care planning.

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People - People with dementia

07/10/2025 - 10:00-17:30 - POS05. People with dementia

POS05-03 - Dementia and the Deaf community: prevalence, assessment and management in people with hearing loss since childhood

Tom Dening, Isabelle Flower, Eithne Heffernan
University of Nottingham

Objectives: Deaf people face complex challenges in accessing healthcare, particularly for age-related conditions, yet the Deaf community is largely overlooked in dementia research. This study explores healthcare issues in relation to dementia for older Deaf individuals, and perspectives of stakeholders regarding dementia and the Deaf community.

Method: Combined approach of (1) narrative literature review using five online databases and grey literature and (2) semi-structured interviews with eight participants with lived experience or knowledge of the Deaf community and/or dementia. Interview data were analysed thematically and integrated with literature review findings.

Results: People in the Deaf community exhibit higher rates of dementia risk factors (eg obesity, hypertension, diabetes, and depression). Under-diagnosis and under-treatment are more common, likely attributed to language barriers and insufficient Deaf awareness among healthcare staff. Research on the relationship between profound hearing loss and dementia, and the prevalence of dementia among Deaf people, is scarce. Practical changes are needed to tailor dementia assessments and services for Deaf people.

Conclusion: Deaf awareness training, health-care information in sign language, and accessible dementia services are crucial for improving healthcare access and outcomes for Deaf people. Co-production with the Deaf community is required in future research and healthcare service improvement initiatives.

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People - People with dementia

07/10/2025 - 10:00-17:30 - POS05. People with dementia

POS05-04 - 11-year oral health and cognition in a Finnish general population

Sam Asher[1], Alina Solomon[2], Ruth Stephen[2], Tiia Ngandu[3], Seppo Koskinen[3], Anna Liisa Suominen[2]
[1]Sam Asher / University of Eastern Finland, [2]University of Eastern Finland, [3]Finnish Institute for Health and Welfare

Background: Existing literature indicates poorer oral health in individuals with dementia, however, longitudinal evidence concerning milder forms of cognitive impairment is limited. This study considered baseline and 11-year oral health across different cognitive states, from normal cognition to dementia.

Method: Data from Finnish Health 2000 and Health 2011 surveys was used. Across different oral-health outcomes, sample size varied: cross-sectionally, N=4254-5517 / longitudinally, N=781-3502. At Health 2000, participants were inquired about experiencing subjective memory/cognitive decline (SCD) recently. Objective cognitive assessment included verbal fluency, immediate and delayed word recall, from which we calculated a composite cognitive score (median=52 points), representing overall cognition. We defined 3 cognitive states: normal cognition (no SCD and overall cognition≥52 points), SCD (SCD with overall cognition≥52 points), and milder cognitive impairment-MCI (overall cognition<52 points). Dementia diagnosis until 2001 was retrieved from national health registers, N=123. Baseline and follow-up oral health assessment included tooth count, posterior occlusal pairs count, brushing frequency (≥2/<2 times), dental visits (0/≥1 visits), experiencing oral health-related problems (no/yes), and self-reported oral health (good/poor). Analyses included binary logistic regression and accounted for sociodemographic and cardiovascular factors, systemic inflammation, and depressive symptoms.

Result: Cross-sectionally, MCI was significantly associated with fewer posterior occlusal pairs and lower brushing frequency, and SCD with fewer dental visits. Longitudinally, participants with MCI had significantly higher risk of tooth loss. Similar but non-significant

associations were observed across other oral health variables, and also for SCD. At baseline, participants with dementia had significantly lower tooth count, lower POP count, poorer self-reported oral health, lower dental visits, and lower brushing frequency.

Conclusion: Preliminary results indicate higher tooth loss risk in individuals with MCI, highlighting special oral healthcare needs even for individuals with milder degrees of cognitive impairment. Provision of adequate oral healthcare may significantly improve quality of life across the spectrum of cognitive impairment.

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People - People with dementia

07/10/2025 - 10:00-17:30 - POS05. People with dementia

POS05-05 - Co-designing with people with dementia a post-diagnostic support model of Key Professional Contact

Sladana Pavkovic[1], Lynette Goldberg[2], Jane Alty[2], Melissa Abela[2], Lee-Fay Low[3]
[1]Serbian Association for Alzheimer Disease, [2]Wicking Dementia Research and Education Centre, University of Tasmania, [3]Sydney Medical School and Health Science, University of Sydney

Background: Effective post-diagnostic support is crucial for people with dementia and their carers to adjust to the diagnosis, access support services and live well with dementia. The role definition of a *key professional contact* in post-diagnostic dementia support varies within Australia and internationally.

This study explored perspectives of people living with dementia, carers, healthcare professionals, researchers, and policy advocates to identify optimal characteristics of the role of a *key professional contact* in post-diagnostic dementia care in Australia.

Methods: A mixed-methods sequential design was used, beginning with a cross-sectional online survey, followed by two participatory co-design workshops. Descriptive survey data were analysed using SPSS software. Qualitative data from the survey and workshops were coded using N-Vivo software for subsequent didactive content analysis.

Results: 79 participants completed the survey and 18 participated in the online workshops. Responses confirmed the need for a *key professional point of contact* to ensure comprehensive, integrated, person-centred, and flexible post-diagnostic support. Responsibilities for this role included identifying needs across the dementia journey, coordinating health and social care, facilitating access to aged care and disability services, providing education, and offering emotional support. Qualifications in dementia care or/and dementia-specific training including counselling to complement qualifications in healthcare were recommended. Key qualities such as empathy, relationship-building, and

responsiveness to emerging needs were highlighted, along with integrating this role into diagnostic settings. Support should continue based on the needs of people with dementia and their carers, ideally until end of life and for at least 6 months post-bereavement.

Discussion/conclusion: Findings underscore the need to establish this role as a cornerstone of post-diagnostic dementia care with allocated funding to support initiatives to translate these findings into practice in various healthcare diagnostic settings and geographical locations.

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POS05-07 - Engaging People with Early-Stage Dementia in Advance Care Planning Intentions: A Theory of Planned Behavior Approach from Taipei City Hospital

Shu-Nu Shen[1], Po-Yen Wang[2], Chung-Chia Chen[3], Chien-Fang Lee[4]
[1]Taipei City Hospital, [2]Taipei Community Mental Health Center, [3]Traditional Chinese Medicine Family and Community Medicine Department, Taipei City Hospital, [4]Department of Neurology, Taipei City Hospital

Background: The Patient Right to Autonomy Act, enacted in 2019, is Taiwan's first legislation centered on patient autonomy and self-determination in medical care. It enables individuals to complete an advance decision directive to specify medical preferences in five critical clinical conditions. People with dementia (PwD) has been explicitly identified as a key focus population under this policy. Our study explores factors influencing the intention to engage in Advance Care Planning (ACP) among PwD in early-stage, guided by the Theory of Planned Behavior (TPB), to enhance shared decision-making in clinical practice.

Methods: A mixed-approach design was employed. Participants with mild cognitive impairment (MCI), very mild, or mild dementia engaged in semi-structured interviews and completed a structured questionnaire evaluating their ACP intentions.

Results: A total of 466 PwD (or assissted by their caregivers participated). Most were female (64.2%) and children of the patient (60.9%), with caregiving durations of less than three years (39.9%) or four to six years (33.3%). The majority of PwD were classified as very mild (46.6%) or mild (49.4%) according to the Clinical Dementia Rating. Educational attainment among respondents was high, with 55.2% holding a university degree or above. Religiously, the sample was diverse, with the largest group identifying as Buddhist (29.0%). Despite the early-stage diagnosis of dementia, only 22.3% of PwD participated in ACP.

Conclusion: The low level of engagement in advance care planning (ACP) highlights a gap between policy intent and clinical practice. The Theory of TPB offers a useful framework for

understanding the motivational factors that influence ACP-related decision-making. These findings may inform the development of culturally sensitive interventions that facilitate shared decision-making in dementia care, aligning legislative goals with practical strategies tailored to early-stage dementia and culturally informed consent processes.

Keywords: advance care planning, autonomy, people with dementia, capacity, shared decision-making, theory of planned behavior

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People - People with dementia

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POS05-08 - Establishing a Dementia-Friendly Community Network in Zhongshan District, Taipei: A Model for Inclusive Urban Aging

Pi-Ting Lo[1], Li-Chin Yu[1], Chih-Yuan Lin[2], Lu-Fang Yuan[1]
[1]Taipei City Zhongshan District Health Center, [2]Taipei City Hospital/Neurology Department

Background: Taiwan transitions into a super-aged society, over 350,000 people aged 65 and above are living with dementia as of the end of 2024, with approximately 85% residing within community settings. This demographic shift underscores the urgency of developing dementia-friendly community networks to support aging in place and enhance the quality of life for people with dementia (PwD).

Objective: To recruit dementia-friendly volunteers and certify dementia-friendly organizations, foster inclusive environments and participation, and promote uniquely featured dementia-friendly communities in each neighborhood.

Methods: The initiative employed a multifaceted strategy encompassing resource allocation, mobilization of community networks, integration of comprehensive dementia care services, and adaptation of local characteristics for scalable replication. Key actions included establishing linkages among screening, referrals, counseling, assessment, case management, and resource access, while cultivating one featured dementia-friendly community.

Results: The program successfully recruited 134 dementia-friendly organizations across various sectors, including industry (63), government (55), civil society organizations (14), and media outlets (2). A total of 3,949 volunteers were enlisted, and 4,147 individuals from local offices, workplaces, and schools participated in training sessions, resulting in an increase in health literacy from 72% to 99%. The implementation of a streamlined care pathway reduced the time to diagnosis by one month, facilitating earlier intervention for 78 individuals.

Community engagement activities, such as " Walking Through Zhongshan: A Journey of Memories," involved 430 seniors with PwD and their caregivers in outdoor experiences.

Conclusion: The establishment of a dementia-friendly community network in Zhongshan District demonstrates a viable model for fostering inclusive urban environments that support individuals with dementia. The initiative's success in enhancing early diagnosis, increasing community awareness, and promoting active participation provides valuable insights for similar endeavors in other urban settings.

Keywords: Dementia-friendly communities; Community-based dementia care; Volunteer engagement; Health literacy, Social inclusion; Urban aging; Taiwan; Zhongshan District; Dementia care pathway

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People - People with dementia

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POS05-09 - Empowering Voices: The Role of Technology and Participation in Enhancing the Lives of People with Dementia

Lieselotte Klotz
Alzheimer Europe

Background: As someone living with dementia, I have experienced the challenges that come with the disease firsthand. Technology has the potential to not only improve my daily life but also empower me by giving me a voice and a sense of independence. The current discourse often overlooks the importance of involving people with dementia in the creation and evaluation of these technological solutions.

Objectives: The objective of this presentation is to discuss how technology, when designed with the real needs of people with dementia in mind, can improve independence, self-esteem, and overall well-being. I will explore the importance of active participation in research and development processes and how this engagement can ensure that technologies are not only functional but also empathetic, respectful, and truly helpful.

Methods: This abstract draws on personal experience and insights gathered from current participatory research projects and technological innovations being implemented in dementia care. Key examples include smart home technologies, digital health platforms, and assistive devices that focus on enhancing cognitive functioning and promoting social inclusion.

Results: In my experience, technologies that prioritize the needs of people with dementia not only improve daily life but also reduce feelings of isolation and vulnerability. However, these innovations must go beyond technological features and must actively involve people with dementia in the design, implementation, and evaluation processes. Successful examples of participatory projects will be shared, demonstrating how involving people with dementia from the outset leads to better outcomes and more meaningful impact.

Conclusions: The inclusion of people with dementia in research and development is essential for ensuring that innovations are effective, respectful, and responsive to our lived experiences. For meaningful progress, we need to amplify the voices of those who matter most — the people with dementia.

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POS05-12 - Mapping dementia needs: Aligning specialist dementia nursing with dementia complexity across the UK

Madeleine Walpert[1], Magdalena Opazo Breton[2], Kerry Lyons[1], Phil Joddrell[1], Ryan Gray[1], Emma Wolverson[1], Karen Harrison Dening[1]
[1]Dementia UK, [2]University of Nottingham

Nearly one million people in the UK live with dementia, and around 700,000 informal carers are currently supporting someone living with dementia. However, the complexity of an individual's circumstances varies significantly, shaped by factors such as deprivation, education, ethnicity, co-existing conditions, and lifestyle. These social and structural determinants contribute to an increased need for specialist support, including Admiral Nurse services, specialist dementia nurses in the UK who support people living with dementia and their families.

Dementia services are often commissioned based on the availability of funding, rather than need, creating regional disparities and leaving some vulnerable populations without support. This study aimed to map dementia prevalence and the factors contributing to complexity alongside the distribution of current Admiral Nurse services in England, to highlight areas where these services are most urgently needed.

Using publicly available data, we included indicators such as population over 65, Index of Multiple Deprivation, ethnicity, education levels, key dementia risk factors (e.g. diabetes, hypertension, mental health), and care infrastructure (e.g. number of care homes). These were visualised using PoliMapper heat maps to show mismatches between need and service provision.

Our findings reveal clear misalignment between areas of high dementia complexity and the current provision of specialist nursing support, exacerbating existing health inequalities.

These maps help provide commissioners and funders with a powerful, evidence-based tool to support the future placement of dementia services in line with need. By sharing our

methodology, we aim to influence decision-makers to place new services—and sustain existing ones—where they are most required, addressing regional disparities and promoting equity. We hope this approach will not only lead to a fairer and more effective system in the UK, but also serve as a valuable model internationally, helping other countries to allocate healthcare services based on actual need rather than resource availability.

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POS05-28 - Shimmering lights: a systematic review of gratitude and savouring interventions for older adults with and without dementia

Noortje Kloos[1], Rebecca Baxter[2], David Edvardsson[3], Debby Gerritsen[4], Ernst Bohlmeijer[5]
[1]Radboudumc, [2]Umeå universitet, [3]Swinburne university, [4]UKON/Radboudumc, [5]Twente University

Background: Appreciating the good things in life and the goodness of others (gratitude) and intentionally attending to positive experiences (savouring) have great potential to support well-being in older age. However, most studies on positive psychology interventions have been conducted among healthy young adults, with little focus on older adulthood or people with dementia.

Aims: The aim of the current study is to explore savouring and gratitude interventions that are suitable for older adults, with or without dementia, in terms of feasibility, acceptability, and effectiveness.

Method: In this systematic review, the databases Scopus, PubMed, PsychInfo, Web of Science, and Cinahl were searched. Studies were selected by two independent researchers and methodological quality was assessed using the Mixed Methods Appraisal Tool. Information on intervention characteristics, feasibility and acceptability, and effectiveness of the interventions was extracted and synthesized.

Results: Of the 12 included articles, five examined gratitude, five examined savouring, and two compared both. Only one study included participants with dementia. Adherence to interventions was generally high, suggesting a good fit, but information on continuation and participant evaluation was largely lacking. The studies highlighted some important feasibility and acceptability themes, including tailoring to the needs of older adults, appropriate target group, optimal dose, and delivery method. The studies showed improved well-being and

reduced psychopathology, although not consistently on all outcome measures, and the quality assessment indicated diverse levels of methodological compliance and reporting.

Conclusion: There is initial evidence that gratitude and savouring interventions may be suitable and effective for older adults. Future research should examine the optimal content, dosage, and delivery method, and the applicability of savouring and gratitude interventions for people living with dementia.

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People - People with dementia

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POS05-14 - Social interactions of people with dementia.

Hanna L. Knecht, Francisca S. Rodriguez
German Center for Neurodegenerative Diseases (DZNE) Greifswald, Germany

Background: We lack information about the social interactions of people with dementia, which would be valuable for interventions in dementia care because of their positive impact. With this research, we therefore aimed to explore these interactions in detail.

Methods: Descriptive analyses and comparisons between goups of different roles in dementia care were based on responses of 501 people in dementia care to a structured, quantitative survey.

Results: The study population mentioned social interactions to be important and valuable for people with dementia, especially simple ones that most often take place in the home environment such as singing together, hugging, experiencing touch, and taking part in meaningful everyday activities. Particularly non-verbal social interactions were highlighted. Social interactions were connected to several beneficial effects (e.g., feeling of safety, self-esteem) and people with dementia expressed their continued interest in interacting with their social contacts. Moreover, we identified several aspects that were seen as crucial to improving social interactions of people with dementia such as simply showing an understanding for dementia symptoms and offering community organized activities.

Conclusions: With this research, we provide a first insight into the social interactions of people with dementia and highlight the importance of increasing simple social interactions in primary care and beyond.

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POS05-15 - Exploring Dementia Friendly Communities in Northern Ireland: Findings from Non-Participant Observations

Stephanie Craig, Gary Mitchell, Christine Brown Wilson
Queen's University Belfast

Introduction: Dementia Friendly Communities (DFCs) aim to support people living with dementia (PWD) by fostering inclusive, accessible environments that promote independence, confidence, and community participation. Effective DFCs involve both environmental adaptations and supportive interpersonal dynamics to enhance the everyday experiences of PWD.

Methods: A non-participant observation methodology was used to explore how ten individuals with dementia interacted within their local DFCs across Northern Ireland. Observations were conducted between October 2022 and May 2023 in locations selected by participants, including businesses, transport hubs, leisure centres, and public spaces. Data collection followed a structured observation protocol, supplemented by field notes, sketches, and reflective journaling to ensure a comprehensive, systematic, and ethical approach.

Results: Two main themes emerged: Physical/Sensory Aspects of the Environment and Interpersonal Dynamics. Environmental challenges included inconsistent lighting, high noise levels, disorientating flooring, poor signage, and limited accessible seating. Inconsistent DF design features often created sensory and navigational barriers. In terms of interpersonal dynamics, staff visibility, willingness to assist, and the impact of dementia disclosure were significant. Smaller, familiar rural businesses generally demonstrated greater supportive interactions than larger urban settings. Although DF signage and training were in place in some areas, inconsistencies remained in their application and impact.

Conclusion: Observations revealed that while efforts toward dementia friendliness are evident, environmental and interpersonal barriers still affect PWD's ability to navigate and engage fully with their communities. Improvements in physical design (e.g., lighting, noise

management, signage) and staff training, along with greater consistency in implementing DF initiatives, are crucial. Enhancing both the physical and social environments can substantially increase independence, confidence, and quality of life for individuals living with dementia.

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POS05-16 - Social isolation in people with dementia - results of a population register: digiDEM Bayern

Lisa Laininger[1], Nikolas Dietzel[1], Lea Dütsch[1], Elmar Graessel[2], Thomas Ganslandt[3], Peter Kolominsky-Rabas[1]
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Background: According to current projections, 1.8 million people in Germany will be affected by dementia in 2023. Social isolation is a modifiable risk factor that influences the development and progression of dementia [1]. The social networks of older people consist mainly of family and friends.

Objective: This study aims to investigate the influence of social isolation and the composition of networks on cognition over 12 months in people with cognitive impairment.

Methods: Data basis is the multicentre, prospective register study ‘Digital Dementia Registry Bavaria – digiDEM Bayern’. Social isolation was assessed with the Lubben Social Network Scale-Revised (LSNS-R) and cognitive impairment with the Mini-Mental Status Examination (MMSE) at baseline and after 12 months. Data was analysed using a pre-post ANCOVA to control for known covariates.

Results: 106 subjects were included in the analysis. The mean MMSE score at baseline was 24.3 (SD = 3.6). At the time of inclusion, the risk of being socially

isolated from friends was 42.5%. In comparison, the risk of being socially isolated from family was 17%. Over the course of 12 months, the differences in social relationships with friends had no statistically significant influence on cognitive abilities after controlling for all risk factors, $F(1,98) = .046$, $p = .831$, partial $\eta^2 = .000$.

Discussion: The results show that the risk of social isolation from friends is particularly high among people with cognitive impairment. Services must be designed to promote the social participation of people with cognitive impairment outside their family network.

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: G42d-G8300-2017/1606-83).

1 Livingston G, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*. 2020;396(10248):413-46.

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POS05-17 - World Alzheimer Report 2025: Rehabilitation strategies and methods in dementia care

Laura Castro-Aldrete
Alzheimer's Disease International

Alzheimer's Disease International (ADI) is the global federation of Alzheimer and dementia associations, comprising 105 members worldwide and 22 on the Membership Development Programme. For over a decade, ADI has produced groundbreaking World Alzheimer Reports addressing socioeconomic and healthcare issues related to dementia, providing best practice guidance.

The World Alzheimer Report 2025 will focus on rehabilitation. Confusion often surrounds the term "rehabilitation," even among healthcare professionals and policymakers, who may not view it as a viable intervention for dementia. The report will l highlight the global impact and cost-effectiveness of rehabilitation and reablement interventions for people affected by dementia and their care partners particularly in lower- and middle-income countries. The World Alzheimer Report 2025 will build a compelling case for dementia rehabilitation based on best practices and cost-effective interventions that can be implemented in diverse settings, culturally adaptable, and not reliant on excessive technology or expensive materials.

The report will focus on several critical areas: including defining and understanding rehabilitation to correct misconceptions; key components of rehabilitation interventions, strategies and methodologies; clinical and economic evidence; taxonomy of global rehabilitation techniques; practical aspects of preparing health systems to implement rehabilitation practices; and case studies from around the world demonstrating implementation in action.

Key questions will include: What rehabilitation techniques are currently available? What works? How can advocacy for widespread adoption be strengthened?
ADI will present key findings and recommendations, highlighting gaps in global rehabilitation efforts and providing practical applications to enable wider uptake of rehabilitation across various health settings. The report will call on governments and stakeholders to adopt robust, funded support models. As with previous ADI reports, the focus will extend beyond research to practical examples of how individuals living with dementia, carers, and healthcare professionals can implement rehabilitation techniques to promote independence and well-being.

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POS05-18 - Bottom-up Intervention Planning: Focus Groups with People with Dementia and Carers

Maike Bulian, Clara Cornaro, Birgit Teichmann
Network Aging Research (NAR) Heidelberg University

Involving people living with dementia and carers in the development and implementation of therapeutic interventions is crucial. Contributing to the methodological challenges that this may entail, the first part of the poster delves into the experience of planning and conducting focus groups. The second part of the poster will share the results of participants' reflections on three fundamental pillars of our project "*TRIALOG-Dementia"*.

These include:

1) factors influencing quality of life, before and after a diagnosis of dementia,

2) barriers and motivations regarding access to and interest in therapeutic interventions,

3) the importance of agency and equity in relationships with family/friends and professionals. These results mark a milestone in our project with the overarching aim of involving people living with dementia and carers on an equal footing in intervention planning, with the objective of improving the quality of life of all those involved.

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POS05-19 - What Supports People with Dementia in Meaningful Daily Activities and Social Participation? A Study Protocol for a Concept Analysis and Integrative Review

Golnaz Atefi[1], Lieve Roets-Merken[2], Maud Graff[2]
[1]Radboud University, [2]

Objectives: This study aims to clarify what supports vulnerable older adults, particularly those with dementia, in maintaining self-direction in meaningful daily activities and social participation. It seeks to define and operationalize "self-direction support" by identifying its key attributes, antecedents, and consequences across care contexts.

Methods: The study will use a two-phase approach: first, an integrative review will synthesize evidence from disciplines such as gerontology, occupational therapy, psychology, and nursing; second, a concept analysis will explore theoretical foundations using literature, policies, and guidelines. Findings from both phases will be combined to develop a conceptual framework for self-direction support in meaningful activities.

Results: The study will produce an evidence-based framework outlining the components of self-direction support in meaningful activities for vulnerable older adults. It will define core attributes, influencing factors, and measurable indicators, providing clarity on the balance of support and guiding its application in care settings.

Conclusions: The framework will contribute to theoretical foundations and practical guidance for promoting social health in older adults. It will inform future research, policy, and interventions aimed at enhancing social health through self-direction in meaningful activities. Further empirical validation is needed to assess its applicability across various settings and cultures.

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POS05-21 - Driving with cognitive impairments – results of a population register: digiDEM Bayern

Anne Keefer[1], Maren Dehler[1], Peter L. Kolominsky-Rabas[1], Elmar Graessel[2], Nicole J. Saam[3], Katrin Drasch[1]
[1]Friedrich-Alexander-Universität Erlangen-Nürnberg, [2]Uniklinikum Erlangen, [3]Friedrich-Alexander Universität Erlangen-Nürnberg (FAU)

Background: In Germany, the number of drivers aged 65 and over is increasing. However, the risk of physical and cognitive impairments that affect the ability to drive rises with increasing age. Those who give up driving are often confronted with constraints of their autonomy and quality of life. The study aims to identify socio-demographic and health-related determinants of non-driving in people with mild cognitive impairment (MCI) or mild to moderate dementia.

Method: The data basis is the baseline survey of the multicentre, prospective register study 'Digital Dementia Register Bavaria - digiDEM Bayern'. In addition to descriptive analyses, a binary logistic regression was conducted, and average marginal effects (AMEs) were interpreted.

Results: Out of 1,005 participants with a valid driving license, 410 people (40.8%) participate in road traffic as drivers. The probability that people use a car increases with age, peaking at around 70 years and then decreasing. Being female, living in an urban environment, and having a care degree are associated with a lower probability, whilst no existing MCI or dementia diagnosis, higher cognitive abilities, and better independence in everyday life (ADLs) are associated with a higher probability.

Conclusion: The decision to continue driving a car depends on several factors, including age, sex, place of residence, and cognitive and physical abilities. Regular assessments of fitness to drive should take place, and alternative mobility options should be offered to ensure road safety and maintain the quality of life of people with cognitive impairments for

as long as possible. The professional and private environment of people with cognitive impairments plays a crucial role in dealing with these issues appropriately.

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).

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POS05-22 - Differences in Functional Abilities among Elderly Individuals with Mild Cognitive Impairment and Healthy Controls: A Systematic Review

Yufei Zhang, Latha Velayudhan, Zunera Khan, Anna-Katharine Brem
King's College London

Background: Early functional changes, particularly in Instrumental Activities of Daily Living (IADLs), often precede the onset of dementia in individuals with Mild Cognitive Impairment (MCI). Existing reviews frequently combine cross-sectional and longitudinal evidence, limiting insights into the progression of functional decline over time. This systematic review aims to synthesize longitudinal data comparing functional abilities between elderly individuals with MCI and cognitively healthy controls (HC), focusing on changes in IADL performance.

Objectives: To examine differences in baseline IADL scores between individuals with MCI and HC.
To assess how IADL scores change over time among individuals with MCI compared to HC.

Methods: Following PRISMA guidelines, we will conduct a systematic search across MEDLINE, EMBASE, PsycINFO, and CINAHL for peer-reviewed longitudinal studies published from 1990 to February 2025. Eligible studies will include participants aged 65 and above with MCI or HC, assess IADL outcomes, and have a minimum 6-month follow-up. Cross-sectional studies, non-peer-reviewed papers, and non-English articles will be excluded. Two independent reviewers will independently screen studies, extract data, and assess risk of bias using the Newcastle-Ottawa Scale. Data will be extracted on study characteristics, diagnostic criteria for MCI, IADL assessment tools, sample characteristics, and outcome measures. A random-effects meta-analysis will be conducted if data allow. Otherwise, a narrative synthesis will be provided. Subgroup analyses (e.g., type of IADL tool, length of follow-up) and sensitivity analyses will explore heterogeneity. The GRADE approach will evaluate strength of cumulative evidence.

Expected Results: We anticipate identifying longitudinal patterns of functional decline in MCI relative to HC, highlighting early markers of cognitive decline. This will inform strategies to delay functional and cognitive deterioration, promote independence and quality of life.

Conclusion: This review addresses a critical gap by exclusively analyzing longitudinal evidence on IADL performance in MCI. Findings may guide early interventions, clinical decision-making, and dementia prevention efforts.

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POS05-23 - Ethical principles for the care of people with dementia described in the scientific literature: A scoping review

Rodrigo Serrat[1], Sigurd Lauridsen[2], Elzbieta Bobrowicz-Campos[2], Tania Brandao[2], Rute Brites[2], Valentina Cannella[2], Montserrat Celdrán[2], Karima Chacur-Kiss[2], Aynur Cin[2], Sidika Ece Yokuş[2], Josep Fabà[2], Gabija Jarašiūnaitė-Fedosejeva[2], Nilufer Korkmaz-Yaylagul[2], Joan Pons-Vila[2], Yoselyn Porras-Mendoza[2], Frederik Schou-Juul[2]
[1]University of Barcelona, [2]

Providing ethical care for people with dementia is essential for safeguarding their rights, dignity, and well-being. However, ethical decision-making in dementia care is complex, often involving tensions between competing moral claims such as autonomy, beneficence, non-discrimination, and justice, among others. This scoping review systematically maps the ethical principles guiding dementia care and examines whether and how these principles are organised within ethical frameworks. Following the methodological guidance of Arksey and O'Malley (2005), Levac et al. (2010), and Peters et al. (2021, 2022), a comprehensive search across six databases (Web of Science, SCOPUS, CINAHL, Medline, JSTOR, and PsycINFO) was conducted, identifying peer-reviewed empirical studies, theoretical papers, and reviews published in English.

The review identified a wide range of ethical principles frequently cited in the literature, including respect for autonomy, dignity, beneficence, non-maleficence, justice, and person-centred care. Ethical frameworks, however, were not discussed as extensively as individual principles. When present, they tended to reflect traditional approaches such as principlism, although more recent contributions increasingly adopted relational, narrative, and context-sensitive frameworks that better address the social and relational complexities of dementia care.

The review highlighted important gaps in the literature. Ethical frameworks and guidelines often failed to incorporate the voices and experiences of people living with dementia and

tended to overlook diversity related to culture, ethnicity, and other social locations. Further ethical discussion is needed in the scientific literature on dementia care. In particular, there is a need for deeper theorisation, greater incorporation of structured ethical frameworks and guidelines, and stronger integration of the perspectives of people living with dementia.

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POS05-26 - Quality of Life, Informal Care, and Cost Outcomes Across Dementia Severity and Care States: An Exploratory Analysis

Sander Osstyn, Ron Handels
Alzheimer Center Limburg

Background: To inform a health-economic decision model, detailed insight is needed into the variation in quality-of-life, informal care time, and healthcare costs of people with dementia (PwD). In particular, how these outcomes vary across stages of dementia severity and care settings is relevant, yet underexplored in the literature. This study aims to explore how quality of life, care costs, and informal care time for PwD vary across combinations of dementia severity and care state.

Methods: We conducted a secondary analysis of the Actifcare study, a European longitudinal cohort (with 451 participants) of community-dwelling PwD and their informal caregivers. Quality-of-life was assessed using the EQ-5D-5L (proxy-rated). Informal care time and formal care costs were derived from the Resource Use in Dementia (RUD) instrument. Dementia severity was classified using the Clinical Dementia Rating (CDR) as *Mild*, *Moderate*, or *Severe*. Care setting was categorized as *No formal care*, *Home care*, or *Institutional care*. Generalized Linear Mixed Models were used to assess how quality-of-life, informal care time, costs vary over dementia severity and care setting.

Results: Initial results showed that informal care time was highest for PwD in the home care setting with moderate dementia severity. Service costs peaked in home care settings, whereas medical care costs were highest in institutional care across all severity levels. Proxy-rated quality-of-life declined with increasing dementia severity and care setting intensity, with the lowest scores observed in the severe stage of the disease.



Conclusion: These initial findings highlight substantial variation in informal care time, care costs, and proxy-rated quality-of-life across care settings and dementia severity. This variation underscores the importance of tailoring support and resource allocation across the dementia care pathway.



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People - People with dementia

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POS05-27 - Assessing quality of life in people with dementia: A systematic review of psychometric properties of utility measures

Anouk Lamé, Esmee Adam, Hanneke Smaling, Miriam Haaksma, Elske van den Akker-van Marle
Leiden University Medical Center

Background: The worldwide increasing number of people with dementia coincides with rising care costs and workforce shortages. This highlights the need for effective evaluation of technological innovations in dementia care. However, the choice of utility measure influences quality of life assessments, and no clear consensus exists on the most suitable measure for people with dementia. This review aims to provide guidance by assessing the psychometric properties of the utility measures that were evaluated in people with dementia.

Methods: We conducted a systematic review of studies published in PubMed, Embase, PsycINFO and Web of Science up to August 2024, which evaluated psychometric properties of utility measures in people with dementia. Title and abstract screening were performed using the AI-powered tool ASReview, applying pre-determined stopping criteria and quality checks. The psychometric properties of the measures and the quality of the included studies were assessed using the COSMIN methodology.

Results: A total of 18,935 records were identified through searching the databases, of which 32 studies on fifteen different utility measures were included. Most studies evaluated the psychometric properties of the EQ-5D-3L (n = 22), while dementia-specific utility measures were assessed less frequently (n = 8). The majority of studies focused on construct validity and reliability, but their results were often conflicting and inconclusive. Overall, the evaluation of psychometric properties of all utility measures revealed insufficient evidence for their use in people with dementia.

Discussion: This review highlights the persistent gap in high-quality evidence for the psychometric properties of utility measures in people with dementia. Evidence on the validity and reliability of most utility measures remains inconclusive, and responsiveness is rarely assessed. The increasing attention to quality of life in dementia underscores the need for further validation studies. This would improve utility measurement, ultimately enhancing the evaluation of care interventions for people with dementia.

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POS05-30 - Barriers and Facilitators to Early-Stage Dementia Care: A Qualitative Study on the Perspectives of Persons with Dementia, Caregivers, and Healthcare Professionals

Sanne Balvert[1], Romano De Vries[2], Rose-Marie Dröes[2], Leonie Visser[2], Maarten Milders[2]
[1]Vrije Universiteit, [2]

Background: While timely support can benefit persons with dementia (PwD) and their informal caregivers, many dyads experience a diagnostic delay. This study explored needs, barriers, and facilitators in seeking and accessing support in the early stages of dementia, and examined whether geographical context had influence.

Methods: This qualitative study used a cross-sectional design. We recruited 35 dyads of PwD (mean age 77.7±7 years; 51% female) and their informal caregivers (70.0±14 years; 60% female) through daycare centres and memory clinics in the Netherlands. Healthcare professionals (N=47; 87% female) were contacted via regional dementia networks. Open-ended questionnaires were used to assess dyads' experiences and needs. Healthcare professionals participated in semi-structured interviews on how to effectively reach dyads. All data was transcribed. Thematic content analysis was used by two independent coders to identify key themes.

Results: Key barriers to help-seeking included stigma, lack of awareness, misalignment of services and needs, bureaucratic complexity, and difficulty navigating the healthcare system. Dyads indicated a strong need for acquiring more knowledge, practical resources, and peer support in the early-stage. Dementia case managers were seen as crucial for accessing support. Effective strategies for professionals to improve early-care acceptance included: community engagement and accessibility, increasing visibility through education and awareness, a personal approach based on patience and trust, and better collaboration with other care services for earlier symptom recognition. Professionals stressed the need for

tailored outreach strategies, because effectiveness of strategies as well as dyads' needs varied between urban and rural regions.

Conclusion: Early-stage support should be made more visible in communities and tailored to individual needs. Reducing barriers such as stigma and bureaucratic complexity, while strengthening local facilitators, may improve access to timely and meaningful support. Early-stage care acceptance may improve quality of life for PwD, alleviate caregiver burden, and reduce long-term healthcare costs.

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POS05-29 - Shimmering Lights: co-creating a dyadic Gratitude and Savouring intervention for people living with dementia and informal caregivers

Noortje Kloos[1], Judith Austin[2], Constance Drossaert[2], Mandy Wijnen[1], David Edvardsson[3], Ernst Bohlmeijer[2], Debby Gerritsen[4]
[1]Radboudumc, [2]Twente University, [3]Swinburne University, [4]UKON/Radboudumc

Background: Noticing the *Shimmering Lights* in life with dementia can be challenging, but essential for broadening awareness and building enduring personal resources. Practicing gratitude - appreciating goodness in life and goodness of others - and savouring - immersing in and prolonging positive experiences - can shift attention towards the positive (i.e. noticing the *Shimmering Lights*) and ultimately support well-being. However, such positive psychology interventions have rarely been implemented in the context of dementia.

Aim: This study aimed to co-create a gratitude and savouring intervention for dyads of people living with (early) dementia and informal caregivers.

Methods: Four co-design tasks enabled integration of top-down input (evidence based exercises) and bottom-up input (wishes and needs from users & experts): explore experiences, reassess top-down content, incorporate into concrete features and design, and synergize into intervention context. Sources included (a) exploring the lived experience of gratitude (n = 9 dyads), (b) user experiences of an existing positive psychology intervention (n = 26), (c) 9 co-creation workshops with people living with dementia (n = 18) and informal caregivers (n = 24), (d) a systematic review of existing gratitude and savouring interventions for older adults, and (e) 3 expert workshops with developers of existing psychosocial interventions (n = 6).

Results: We developed the Shimmering Lights intervention for dyads of people living with (early) dementia at home and informal caregivers. Four modules, each including 3 exercises, introduce gratitude and savouring, taking cognitive processing into account. The intervention uses a physical self-help format, aimed at dyads, while allowing each dyadic partner to engage in individual exercises.

Discussion: Shimmering Lights is one of the first interventions supporting dyads to appreciate and savour good things in life together. Future steps involve a feasibility study, exploring online adaptations and social aspects (peer groups, coaching), and integrating Shimmering Lights into existing programs.

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POS05-20 - The social fabric of care: reframing engagement in advanced dementia

Kandianos Emmanouil Sakalidis, Arlene Astell
Northumbria University

Engagement is increasingly seen as a critical part of caring for people with dementia. However, engaging people with advanced dementia can be challenging as speech and mobility may be compromised, limiting their participation in activities. Our research exploring engagement in advanced dementia includes three strands which together illuminate how people with advanced dementia engage, and how their environment influences their engagement.

Firstly, a systematised review identified 19 measures of engagement specifically for dementia but only four of which are inclusive of people with advanced dementia. Most existing measures are observational, focusing on behavioural indicators of engagement of people with dementia, but not of other actors or the social environment. To examine the role of the social environment (e.g., other people and engagement opportunities), we conducted a descriptive-qualitative study using video recordings of people with advanced dementia and caregivers during dyadic interactions. Video analysis revealed engagement as an evolving relational process, with adaptation to each person's individual communication style facilitating reciprocity and shared connection moments.

Building on these findings we conducted interactive workshops with caregivers to explore their perceptions and experience of engagement with people with advanced dementia. Content analysis revealed that caregivers perceive engagement as a 'collaborative concept' between the individual and their social environment, indicated through 'verbal and non-verbal behaviours'. Moreover, 'interactive adaptations of the social environment' can

promote meaningful engagement by recognising and responding to individual's interaction needs.

Together, these findings highlight that engagement remains important for people with advanced dementia and is strongly influenced by the social environment. Meaningful interactions can bind people with advanced dementia and their social environment to form the social fabric of care. The social environment is the cornerstone of engagement for people with advanced dementia and demands greater attention in care practice to improve their quality of life and quality of care.

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POS05-25 - In the driving cessation decision seat: Testing the feasibility and acceptability of a driving decision aid for people living with dementia within the UK memory services

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Background: "To drive or not to drive", is often a difficult and delicate discussion for many people, family members and loved ones. Often, families and healthcare professionals hesitate to address this sensitive topic until there is a 'red flag'- accident or driving-related incident. Evidence demonstrates that early discussions about, and planning for, driving cessation contribute to safer driving and ease practical and emotional challenges associated with stopping. Drivers living with dementia often appreciate the need to prepare for a non-driving future, but to date there are limited resources available that can formally help families and healthcare professionals to proactively engage in open and structured discussions about transition to non-driving. Dementia and Driving Decision Aid (DDDA) UK is a person-centred decision aid designed to enable people with dementia to be central in their planning and decision about driving cessation. However, its use within dementia services has not been evaluated yet.

Aim: This novel Road Safety Trust funded project will pilot over 6 months the feasibility, acceptability and merits of using DDDA-UK within Surrey services, an area with high prevalence of dementia and significantly higher number of road accidents.

Method: DDDA-UK will be introduced by clinicians to 50 people with dementia and their families at their routine follow up clinic appointment. Questionnaire outcome data (e.g.

decisional conflict, depression, QoL, driving self-efficacy) will be collected at baseline and immediately after completing the aid at 3 and 6 months, followed by interviews. Data on the frequency, duration, DDDA-UK use and driving will be collected by a diary.

Results: Managing the timing and process of how driving cessation decisions are made remains an enduring challenge for many countries. Our findings will discuss the feasibility and impact of upskilling all those involved by introducing DDDA-UK early to support the timely and effective management of driving cessation.

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POS06-03 - Using Brain Abilities for Successful Connections

Cara Skrypchuk
Trilogy Healthcare

Caring for someone with dementia presents unique challenges, especially when it comes to communication and connection. This training session focuses on understanding and utilizing the brain's remaining abilities to foster meaningful interactions with individuals living with dementia. By exploring the cognitive abilities that may still be intact, caregivers will learn how to adapt their approach to communication in a way that respects the person's strengths, reduces frustration, and strengthens their connection.

The session will highlight practical strategies based on the latest research in brain health and dementia care. Attendees will learn techniques for engaging individuals in meaningful conversations, utilizing non-verbal communication, and recognizing and responding to emotional cues. We will also explore how to create a supportive environment that promotes cognitive function, self-esteem, and social interaction.

With a focus on empathy and understanding, this training will help caregivers shift their perspective from focusing on what is lost to recognizing and building on the strengths that remain. By the end of the session, participants will feel more confident in their ability to support the emotional and cognitive needs of individuals with dementia, fostering an environment of connection, respect, and understanding.

This session is designed for caregivers, family members, and professionals who want to deepen their knowledge and skills in dementia care, ensuring more successful, compassionate, and fulfilling interactions.

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POS06-04 - Investigating the validation approach in addressing the burden of informal carers of people with dementia in Slovakia

Marta Nemcikova[1], Zuzana Katreniakova[2], Iveta Nagyova[2]
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Abstract Problem: Cognitive dysfunction and neuropsychiatric symptoms of dementia negatively influence dyads of person living with dementia and his/her informal caregiver. Especially communication problems are associated with higher caregiver burden. Psychosocial interventions, including validation concept according to Naomi Feil as a therapeutic communication method, could be useful to strengthen mutual relationship. The aim of this study was to investigate the use and effect of the validation concept on caregiver burden and its factors (social support and caregiver experience) in informal caregivers of people with dementia.

Method/Analysis: We included 115 dyads of informal caregivers (mean age 54.0±12.4 years; 81.7% women; mean caregiving duration 4.8±4.8 years) and persons living with dementia (mean age 80.5±8.3 years; 73.0% women) in Slovakia. The cognitive level of people with dementia was assessed by the Short IQCODE. Other measures included the Zarit Burden Interview (ZBI-12), the Oslo Social Support Scale (OSSS-3), and the Positive Aspects of Caregiving Scale (PACS). Pearson's and Spearman's correlations, t-tests, and Chi-square test, regression analyses were used to analyse the data (IBM SPSS 27).

Results/Discussion: Validation concept was used by 22.4% of informal caregivers. The ZBI-12 mean score was 17.9±9.9. The Chi-square test did not reveal significant differences between caregiver burden and applying validation concept. Higher caregiver burden was significantly associated with lower perceived social support

(β=0.33, *p*<0.01) and with lower positive caregiving experience (β=0.33, *p*<0.01) among informal caregivers of people with dementia, after controlling for relevant sociodemographic variables.

Conclusion: Long-term care for a family spouse living with dementia is an extremely challenging process that may leave the informal caregiver little space to pay sufficient attention to factors of caregiver burden. For these reasons, it requires the provision of the psychosocial non-pharmacological interventions effective in reducing caregiver burden. (Grant support: APVV-22-0587)

Keywords: Dementia, informal caregivers, validation concept, caregiver burden, social support

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POS06-05 - The experiences and needs of adult siblings providing care for a parent living with dementia: A qualitative systematic review

Heather Campbell-Enns[1], Kayden Brown[1], Claudia Dueck[2], Genevieve Thompson[2]
[1]Canadian Mennonite University, [2]University of Manitoba

Objective: Adult children are primary caregivers for parents living with dementia (PLWD) and, when siblings are present, siblings may plan and provide care in shared ways. Little is known about the caregiving experience among siblings. This systematic review aims to evaluate the experiences and needs of adult siblings in this context by examining qualitative evidence to summarize the experiences and needs of adult siblings providing care for a PLWD.

Method: Scopus, MEDLINE (via Ovid), PubMed, EMBASE (via Ovid), PsychINFO (via Ovid), and CINAHL (via EBSCO) were searched for articles investigating the experiences and needs of adult siblings providing care for a PLWD. Eligibility criteria were: 1) original qualitative research; 2) focused on the perspectives of adult children providing care for a PLWD; 3) siblings must be referenced by study participants. Study findings were extracted from each article and a meta-aggregate process was used to synthesize the findings.

Results: Of the 608 articles screened, 34 studies were included in this review with a total of 68 study findings. These study findings were analyzed to produce two synthesized findings: 1) sibling experiences of agreed upon distributions of care and 2) sibling experiences of contested distributions of care. Synthesized findings address the process of negotiating care with siblings.

Conclusions: Adult children of PLWD distribute care among siblings in varied ways. Reasons for this variation and the impact on the sibling relationship are discussed. Implications for practice include enhancing psychosocial support for adult children of PLWD. Further research is needed to better understand the interaction between family dynamics and family-provided dementia care.

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POS06-06 - Ethnocultural approaches to family-provided dementia care: A proposal to test family-based research methods

Heather Campbell-Enns[1], Hai Luo[2]
[1]Canadian Mennonite University, [2]University of Manitoba

Objective: The intergenerational family plays a crucial role in providing essential care for persons living with dementia (PLWD), yet intergenerational care remains understudied. Additionally, there is a need to examine family caregiving from cultural perspectives, as caregiving motivations and practices may be influenced by cultural preferences, knowledge, and resources. Understanding the relationship between culture and family caregiving will guide the development of better support for families, but family-based research methods need testing for use in this context. The specific aim of this project is to test the feasibility, acceptability, usefulness of innovative family-focused research methods in exploring the experience of intergenerational family-provided care for PLWD from multiple cultural perspectives.

Method: This study is a pilot test of family-focused research methods in the context of a community-based research project guided by an Advisory Committee (AC). Intergenerational family caregivers of PLWD from four immigrant cultural groups are invited to participate, with one family unit per group. Data collection methods include: 1) Intergenerational family unit interviews, 2) individual interviews with each family participant, and 3) digital storytelling exercises each family participant. The family interviews and resulting digital stories are innovative methods in this context. Data will be analyzed using thematic analysis techniques to identify patterns across family units, ethnocultural groups, and generational groups. The AC will provide culturally sensitive interpretations of data and insight into the acceptability/feasibility of methods.

Expected outcomes: This project will have several outcomes, including: 1) Insights into family-focused research methods in the context of dementia care, 2) completed digital stories to begin an online repository of videos focused on cultural perspectives of family-provided dementia care, and 3) participant narratives to guide a larger follow-up study on ethnocultural approaches to dementia care.

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POS06-07 - Whose information is it anyway? Families affected by dementia guiding their own information resource

Karen Harrison-Dening, Hilda Hayo
Dementia UK

This presentation discusses an approach to developing a book to provide information on important questions relating to care and treatment for families affected by dementia. As a case manager in dementia and the assessment data gathering evolved, I would consider the information requirements, based upon my perception of their needs. Going back at a later date; I would enquire how useful they found the information and did any further questions arise. Over time, I realised that many did not read the information and often they stated they would need to wade through sections that did not hold any immediate value for them as was not 'top of their information list'.

From this we developed a text that flipped this clinician driven approach to start with the case or issue, as told by families, detailin their perceived needs. The book format was designed to give a platform for families to voice their questions and concerns, followed by a summary of the evidence from an 'expert' written in lay language and finally, advice from an Admiral Nurse (specialists in dementia care in the UK). An example being a daughter collecting her mother's memories of partition and she wanted to know how best to facilitate this. We followed this by an explanation of the therapeutic value of 'Life Story' work and then advice on how to support this activity in others.

The text has been well received and became one of 20 recommended books in the Reading Well with Dementia list through panel consensus (including people with dementia and family carers as well as clinicians) and show cased in every public loan library in the UK. Further to this, such is the value perceived, is the pressure of Welsh speaking families affected by dementia for its translation into the Welsh language.

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POS06-08 - An exploratory mixed-methods study on the dietary behaviours of family carers of persons with dementia

Rachel Kimble[1], Michael Smith[2], Natalie Dickinson[2], Nicholas Sculthorpe[2], Louise Ritchie[2]
[1]University Of The West Of Scotland, [2]The University of the West of Scotland

Introduction: Family carers provide crucial support to individuals living with dementia but often experience significant physical, emotional, and financial pressures. These challenges can negatively impact carers' health and their ability to maintain healthy eating habits. Despite the importance of nutrition, little research has focused on how caregiving influences carers' dietary behaviours and diet quality.

Purpose: This study explored dietary practices and nutritional health among family carers of people with dementia, examining how caregiving responsibilities affect their eating habits.

Methods: A mixed-methods approach involved 30 informal carers in the UK completing an online survey on dietary intake (validated 24-hour recall), diet quality (Mediterranean Diet Adherence Screener), food security (Food Insecurity Experience Scale), and demographics. Additionally, 10 of the carers participated in interviews to discuss their dietary experiences related to caregiving.

Results: Survey findings indicated moderate adherence to a Mediterranean-style diet among carers; however, carers often consumed excessive saturated fats and sugars and had low intakes of fiber, fruits, and vegetables. Although carers reported food security, interviews highlighted significant dietary impacts of caregiving. Two main themes emerged:

1. "A Lot on Our Plates": Carers described disrupted eating patterns, stress-driven emotional eating, and declining personal health due to caregiving responsibilities.

2. "Shifting P(a)lates": Dietary choices and social eating habits of carers were influenced by changes in the dietary preferences and nutritional needs of care recipients.

Conclusion: Family carers of people with dementia face unique nutritional challenges, including stress-related dietary habits, emotional eating, and adapting to care recipients' changing dietary needs. Tailored dietary interventions addressing these caregiving barriers are essential for improving carers' nutritional health and overall well-being.

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POS06-09 - “Till death do us part” an investigation into the lived experience of the transition to becoming an unpaid carer when a partner is diagnosed with dementia

Claire Davies, Jacqueline Parkes
University of Northampton

This PhD studentship (funded by public health in North Northamptonshire Council as part of the Orchard Project) forms part of a unique community-based partnership project between a regional UK (North Northants) County Council and the University of Northampton’s (UK) Dementia Research and Innovation Centre.

A poster of the project will be presented.

The overall aim of the Orchard Project is to assist an existing local community centre to enhance and develop its dementia friendly status. The centre’s ambition is to provide earlier and more supportive interventions to people who are either pre-diagnostic or immediately post-diagnosis. Families affected by a dementia diagnosis are often exhausted and overwhelmed, lacking the required knowledge and energy to source appropriate help, advice and education. Frequently the greatest burden falls to a partner who may also be dealing with their own health concerns.

This qualitative study aims to explore the impact of a dementia diagnosis upon couples by examining the experience of people transitioning into an unpaid carer role for their partner. A descriptive phenomenological approach will capture the lived experiences of carers in their own words towards build a better understanding of unpaid carer needs and perspectives during this critical life event.

The findings will provide evidence towards the creation of appropriate material as part of a 12-month programme of events and activities being delivered by the broader Orchard Project. The overall project will involve people with dementia, their carers, staff, volunteers,

trustees and the wider community to explore the barriers to accessing and engaging with local health care and associated services for those effected by a dementia diagnosis.

By raising awareness and reducing stigma related to dementia, the insight from this study will inform future services, support and education for unpaid dementia carers and towards the maintenance of positive health and wellbeing.

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POS06-10 - A New Stage for Caring Hearts - From Carer to YouTube Star

Maaret Meriläinen, Juho Kinnunen
Memory Association of Oulu Region

Being a family carer for a person with dementia is often both demanding and exhausting. Despite the challenges, caregiving is frequently experienced as meaningful and provides life with a sense of purpose. When the caregiving role comes to an end—whether due to the passing of a loved one or their transition into long-term care—the caregiver may be left with a void. Life can feel empty, meaningless and lonely. Family carers need support during this stage of life as well.

Music has a significant impact on well-being for people of all ages. It fosters a sense of belonging, offers experiences of success, and simply brings joy. Music evokes memories and provides comfort during the grieving process. The Memory Association of the Oulu Region launched a music volunteer program where former caregivers can not only enjoy music themselves but also feel valued by bringing joy to people living with dementia. It is important for hope that new meaningful aspects are found in life.

OsmyTV is a YouTube channel where music volunteers produce activity-based videos, especially designed for use in care homes and for families living with dementia who are unable to participate in live events. Tens of thousands of people across Finland have already watched the videos—and more is on the way. Viewers have shared that the best thing about the videos is their authenticity: they are not trying to be perfectly polished or flawless. Volunteers report gaining joy and pride from the activity and eagerly plan new themes for the videos.

This musical initiative not only enhances the well-being of people living with dementia and their families but also offers former carers with a meaningful new role in society, empowering them.

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POS06-11 - The language of care: what metaphors reveal about the experiences of dementia (in)formal caregivers

Greta Rizzi, Anna Messina, Rebecca Amati, Anna Maria Annoni, Emiliano Albanese, Maddalena Fiordelli
Institute of Public Health, Faculty of Biomedical Sciences, Università della Svizzera italiana

Background and objectives: In the Ticino Canton, the Italian-speaking region of Switzerland, most people with dementia live at home, making informal and formal caregivers' essential figures in providing daily support and care. Metaphorical language is often used to articulate the complex nature of care and can provide valuable insights about it. By analyzing metaphors used in their narratives, this study explored caregivers' personal experiences and conceptualization of the disease and their role in taking care of people with dementia.

Research design and methods: We conducted 6 focus groups with caregivers of people with dementia (N=6 formal; N=13 informal) as part of the Swiss adaptation of the World Health Organization iSupport for dementia program.

We ran a qualitative content analysis on metaphors focusing on their semantic and linguistic complexity, and contextual interpretation. Metaphors were organized into three categories: (1) about dementia, (2) about caregiving, (3) about the caregiver-person with dementia relationship.

Results : Caregivers frequently referred to people with dementia as "children" or employed natural elements to depict their burden. Metaphors reflected diverse caregiving perspectives. Some highlighted an individualistic perspective of maintaining independence while "patching" problems or "drowning" in challenges; others evoked a community-oriented

perspective of moral dedication, such as the "mission" metaphor; others captured complex power and dependence dynamics in the person with dementia-caregiver relationship.

Discussion and implications: While common metaphors in dementia literature were absent, culturally and temporally rooted metaphors were present. Overall, metaphors provided a multifaced view of caregiving, illuminating tensions between self-care and care for others. Some metaphors foster an empathetic approach to care, while others (i.e., infantilization) risk reinforcing stigma or idealizing self-sacrifice.

By understanding the plurality of caregivers' experiences and critically reflecting on caregiving language in training, support programs, and policy, we can improve mutual understanding, care quality, person-centered approaches, and address dementia stigma.

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POS06-12 - The experience of the Polish family members involved in a dedicated support group

Natalia Segiet[1], Gabriela Początek[2], Julia Drzazga[3], Aleksandra Klimkowicz-Mrowiec[4]
[1]Jagiellonian University, [2]The Doctoral School of the Medical University of Silesia, [3]Andrzej Frycz Modrzewski Krakow University, [4]Department of Internal Medicine and Gerontology, Faculty of Medicine, Jagiellonian University Medical College

Objectives: The project aimed to qualitatively analyse the statements of carers of people with dementia in the context of perceived benefits, motivations for participation, and the subjective sense of support received during involvement in support groups. Additionally, carers' burnout and positive orientation were assessed.

Material and methods: Total of 4 participants regularly attending open support meetings (duration: once a month with educational and therapeutic components) took part in the study. The duration of involvement of participants in the support group ranged from 2 months to 2 years. Caregivers completed an online form containing open-ended questions and two standardized questionnaires (a Polish adaptation of the Zarit Burden Interview and Positivity Scale). Responses to the open-ended questions were subjected to thematic analysis to identify common patterns and themes.

Results: Participants' average score on the ZBI scale was 28 (with a minimum of 13 and a maximum of 39 points) on a scale of 0-48 (where the higher the score, the higher the burnout) and on the Positivity Scale was 28,25 (with a minimum of 25 and maximum of 34 score) on a scale of 0-40 (where the higher the score, the higher positivity). Thematic analysis of the open-ended responses revealed three main themes: 1) the need for emotional connection and sharing experiences with others, 2) the desire for access to reliable information and education about dementia, and 3) the importance of self-empowerment and seeking external support. In open-ended questions, all participants,

despite their level of burnout, emphasized the need to connect with other family members, gain knowledge and be heard.

Conclusions: Messages from family members underscore the power of dedicated support groups and show that an environment of people who understand each other can provide motivation to take care of each other and try to create space to overcome caregivers' burnout.

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POS06-13 - demenzworld: Living Community – Connecting, Empowering, and Giving Visibility to People with Dementia and their Families

Martin Mühlegg[1], Lieselotte Klotz[2]
[1]demenzworld, [2]Alzheimer Europe

Background: People with dementia and their relatives often face isolation, lack of information and social stigma. demenzworld addresses these challenges with a holistic approach that combines information, interaction, and empowerment –online and in-person. At the heart of this initiative is a supportive community and services.

Personal Encounters – Demenz Meets: *Demenz Meets – Lighthearted Hours on a Serious Topic* (www.demenzmeets.org): The Meets are low-threshold events held in various cities. A (free) social franchising model enables local organizations to host a Meet efficiently. Demenz Meets offer:

- Real spaces for encounters between people with dementia and their families,
- Uplifting stories told on stage by those affected themselves, role models that reshape the image of dementia,
- Genuine participation and sustainable peer-to-peer networking.

Digital Platforms: demenzworld connects affected individuals, caregivers, and professionals through a unique and free online offering:

- www.demenzworld.com: central hub.

- www.demenzwiki.com: easily understandable information.
- www.demenzjournal.com: personal stories, interviews, and expert articles.
- E-learnings and the »demenznavi« as practical aids.
- A vibrant community on Facebook (with forum), Instagram, LinkedIn and YouTube provides space for exchange, understanding and emotional support.

Core Messages of the Presentation

- Community is more than exchange; it is identity, support, engagement – and it becomes a movement.
- The combination of digital and analog formats enables new forms of self-advocacy.
- Visibility and real-life encounters actively reduce stigma.
- The Demenz Meets are a model for inclusive, future-ready event formats.

Conclusion: demenzworld is an innovative network that not only informs but connects. It demonstrates: Community empowers – and people with dementia belong at the heart of our society.

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POS06-15 - Supporting people with dementia with daily tasks. What are family carers' experiences of providing help? A systematic review

Julieta Camino[1], Julieta Camino[1], Esther Loseto-Gerritzen[2], Victoria McArthur[3], Pallavi Nair[4], Tamara Backhouse[1]
[1]University of East Anglia, [2]University of Nottingham, [3]Norfolk and Norwich University Hospitals NHS Foundation Trust, [4]Imperial College London

Background and objective: Caring for a person with dementia involves offering assistance with activities of daily living (ADLs) such as managing finances, shopping and cooking, dressing, bathing, and eating. This role is usually performed by family members who save the economy billions of pounds. The caring role can be both satisfying and stressful. Although family carers have reported feeling fulfilled and rewarded from supporting the person with dementia to remain independent, their experiences when providing assistance during ADLs are unclear. Their views of how and when assistance is needed could contribute to the development of tailored non-pharmacological interventions that promote participation in daily tasks for longer. The *objective* of this systematic review is to gather evidence on family carers' experiences of providing support to a person with dementia during ADLs.

Methods: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed when designing and conducting this systematic review (PROSPERO registration number CRD42024618787). Seven electronic databases were searched (including *MEDLINE, APA PsycINFO, E-Journals, ERIC Scopus*) and 100 articles were included for full-text screening. A data extraction sheet was created, where information about the study design, methods, participants' characteristics, and findings will be obtained. The Quality Appraisal (qualitative) tool from the Joanna Briggs Institute will be used to assess the methodological aspects of each included article. Data will be synthesised using a thematic synthesis approach and researchers will organise and identify codes and descriptive themes.

Findings & conclusions: We will present the findings from this review, reporting the different experiences that carers may have when providing support, to further understand the caring role and how family carers learnt how to assist people with dementia during ADLs. This can inform future interventions to better support family members in their caring role towards the person with dementia.

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POS06-16 - Exploring Psychological Flexibility in the Work-Family Interface of Employed Family Caregivers of People with Dementia: An Experience Sampling Study

Nahal Amini Moghaddam[1], Sara Laureen Bartels[2], Michaela Schok[3], Golnaz Atefi[4], Marine Markaryan[2], Marjolein de Vugt[2]
[1]Maastricht University/Alzheimer Centrum Limburg, [2]Alzheimer Centrum Limburg, Maastricht University, [3]Utrecht University, [4]Radboud university medical centre, IQ Health

Objective and Aim: As dementia rates increase, many younger family caregivers are balancing paid employment with the intensive demands of caregiving. This dual role can significantly affect their mental health and overall well-being. Psychological flexibility—defined as the capacity to remain present and adapt behavior in alignment with personal values—has emerged as a critical resource in managing caregiving challenges. This study investigates the dynamic interplay between work and caregiving roles among employed family caregivers of people with dementia. Specifically, it explores how momentary caregiving and job-related demands and resources influence well-being in each context, and examines psychological flexibility as a key moderating factor.

Method: Guided by the Work–Home Resources (W-HR) model, this study employs the Experience Sampling Method (ESM) to capture within-person, real-time fluctuations in caregivers' daily experiences. Over a 14-day period, participants complete four momentary assessments and one evening diary each day via a smartphone app, measuring job and caregiving demands/resources, well-being, and psychological flexibility. A target sample of 30 participants is being recruited through memory clinics, social media, and caregiver cohort databases. Baseline assessments include demographics, neuropsychiatric symptoms in the care recipient, and trait-level psychological flexibility and work-home conflict/enrichment.

Current Status and Preliminary Data: Data collection is currently underway. At the Alzheimer Europe Conference, we will present initial descriptive findings including compliance rates, daily patterns of affect, and illustrative case examples showing how fluctuations in demands, resources, and psychological flexibility influence well-being across domains.

Conclusion: This is one of the first studies to apply intensive longitudinal methods to examine psychological flexibility in the daily lives of employed dementia caregivers. Results will contribute to the development of targeted interventions aimed at supporting caregiver well-being in both work and home settings.

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POS06-17 - Spouses' experiences of living with a person having prodromal Alzheimer's Disease: a Nordic collaborative study

Anne Marie Mork Rokstad[1], Susanne Kristiansen[2], Hanne Konradsen[3], Cathrine Selnes Trevino[1], Helga Atladottir[4], Gudlaug Gudmundsdottir[4], Knut Engedal[1], Jon Snædal[5], Tarja Välimäki[6], Siren Eriksen[7]
[1]Norwegian National Centre for Ageing and Health, Vestfold Hospital Trust, [2]Zealand University Hospital, [3]Hvidovre and Amager University Hospital, [4]Landspitali, University Hospital, [5]Landspitali University Hospital, [6]University of Eastern Finland, [7]Lovisenberg Diaconal University College

Background: Recent advancements in cerebrospinal fluid (CSF), positron emission tomography (PET), and plasma biomarkers have enabled the diagnosis of Alzheimer's disease (AD) at a preclinical stage. Patients with at least one positive AD biomarker, who do not meet the criteria for dementia, are often diagnosed with prodromal AD, a term similar to Mild Cognitive Impairment (MCI) due to AD. This multicentre study aimed to explore the impact on spouses of individuals diagnosed with prodromal AD.

Method: This qualitative descriptive study utilized focus groups and individual interviews to gather information from nine spouses of individuals with a prodromal AD diagnosis in Denmark (4), Iceland (3), and Norway (2). The data were analysed thematically.

Findings: Five themes were identified: 1) Recognition that something might be wrong, 2) Reactions to receiving the diagnosis, 3) Dealing with everyday life after the diagnosis, 4) Social relations and openness about the diagnosis, and 5) Thoughts about the future. Spouses noticed symptoms such as forgetfulness and mood changes before the diagnosis. Reactions to the prodromal AD diagnosis were mixed, including feelings of shock, relief, and increased dependency. Social relationships varied, with some experiencing isolation and others finding support. Participants expressed a mix of uncertainty, hope, and the need to live in the present. Despite concerns about the future, there was optimism for slow

disease progression and new treatments. Practical planning for the future was accompanied by worries and despair.

Conclusion: The findings of this study highlight the clear need for support, information, and guidance for spouses of individuals diagnosed with prodromal AD. Healthcare professionals must ensure that appropriate support, services, and counselling are available for both patients and their caregivers when using biomarkers to assess the risk of developing dementia.

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POS06-19 - Sharing is Caring: An Innovative Project to Support and Empower Young Dementia Caregivers

Chiara Codeluppi, Linda Iotti, Cecilia Tonon, Eleonora Bertani
AIMA – the Italian Alzheimer's Association

Young caregivers are often overlooked in the context of dementia care, despite playing a crucial emotional and practical role within the family system. In Reggio Emilia (Italy), AIMA – the Italian Alzheimer's Association – launched a pilot project between 2022 and 2023 to engage and support young adults (aged 18–30) who are caring for a parent or relative with dementia.

The project was co-designed through a cycle of five structured meetings aimed at providing a safe, expressive space where participants could share their experiences, emotions, and needs. Creative and narrative tools — such as identity mask making, storytelling, and the use of the Dixit card game — enabled young caregivers to explore core themes of identity, emotional strain, and transformation. Central to the project was the collaborative production of a short film, conceived and developed by the participants, filmed by documentary director Alessandro Scillitani, as an expressive medium to raise public awareness and foster social recognition of their role.

Outcomes included increased self-awareness, emotional processing, peer connection, and a redefinition of the caregiver identity. Participants reported a sense of belonging and validation in discovering shared experiences, as well as an emerging desire to co-create new ways of support. The project culminated in the public screening of a short film during the "Identity and Psyche" roundtable at the 2023 Reggio Film Festival, with the participation of healthcare professionals and community stakeholders (video available through the provided QR code).

This experience highlights the importance of involving young caregivers as active agents in shaping support services. It also demonstrates the value of creative, community-based

interventions to promote psychosocial well-being, reduce isolation, and strengthen intergenerational dialogue in dementia care contexts.

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POS06-21 - The Role of Socio-Cognitive Abilities in the Quality of the Caregiver-Care Recipient Relationship

Giulia Arenare[1], Serena Lecce[2], Sara Bottiroli[2], Alessia Rosi[2], Irene Ceccato[2], Adolfo Di Crosta[2], Rocco Palumbo[2], Elena Cavallini[2]
[1]University of Pavia, [2]

The caregiver–care recipient relationship is inherently complex and influences the psychological well-being and overall quality of life of the dyad. Indeed, a higher quality relationship is associated with reduced stress and increased satisfaction. Socio-cognitive abilities, such as the understanding of others' emotions and needs (Theory of Mind - ToM), may play a crucial role in promoting mutual understanding within caregiving dynamics.

This study investigates the role of caregivers' socio-cognitive abilities in the caregiving relationship. Twenty-one older adults and their informal caregivers (M age = 58.52, SD = 7.33) were assessed using both traditional and innovative measures of the quality of the relationship, including an observational assessment conducted during tablet-based activities designed to elicit dyadic interaction. Findings reveal that higher affective ToM predicts lower caregiver detachment ($p = .024$). Additionally, greater cognitive hypermentalization – the tendency to over-attribute mental states to others - predicts higher caregiver detachment ($p = .044$), whereas affective hypomentalization - the reduced or inaccurate attribution of mental states predicts greater caregiver harshness ($p = .026$).

Finally, a trend emerged suggesting that higher overall ToM tends to predict greater caregiver sensitivity ($p = .06$). Overall, these results indicate that stronger caregivers' socio-cognitive skills are positively associated with a higher quality of the relationship.

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POS06-23 - Stigma and resilience among informal caregivers of people with mild cognitive impairment: A cross-sectional study in Spain

Sagrario Manzano[1], Elena Garcia Arcelay[2], Mariló Almagro[3], Jesús Rodrigo[3], Jorge Mauriño[4], Pascual Sánchez-Juan[5]
[1]Department of Neurology, Hospital Universitario Infanta Leonor, [2]Roche Farma, [3]Confederación Española de Alzheimer y otras Demencias., [4]Roche Farma, Madrid, [5]Fundación CIEN

Background: Informal caregivers are essential in supporting individuals with mild cognitive impairment (MCI), yet their experiences and the challenges they face are often underrecognized. This study aimed to investigate the impact of informal caregiving on caregivers of individuals with MCI in Spain.

Methods: We conducted a non-interventional, cross-sectional study at 19 dementia clinics in collaboration with the Spanish Confederation of Alzheimer's Disease (CEAFA). We included individuals providing informal care for people with a diagnosis of MCI (National Institute on Aging and the Alzheimer's Association clinical criteria) and a Global Deterioration Scale score of 3.

Stigma was measured by the Affiliate Stigma Scale (AAS) and resilience by the 14-Item Resilience Scale (RS-14). A multivariate logistic regression analysis was conducted to determine the association between participants' characteristics and the impact on these phenomena.

Results: 196 caregivers were included. The mean age (SD) was 63.5 (13.1) years, and 62.8% were female. 68.4% were spouses of individuals with a mean age of 72.9 (SD 7.0) years and a Mini-Mental State Examination score of 26.0 (IQR 23.0-27.0).

39.3% of participants reported feelings of stigma, with a mean AAS score of 1.4 (±0.3). In the multivariate analysis, stigma was significantly associated with avoidant coping (OR=2.24, 95%CI: 1.06-4.74, p=0.033) and low resilience (OR=0.95, 95%CI: 0.93-0.96, p=0.0001). However, over 63% of participants demonstrated high resilience (mean RS-14 score 83.3 ± 11.3), which was associated with lower caregiving burden, reduced feelings of hopelessness, a greater sense of competence, improved quality of life, and better relationships with the patients compared to their counterparts.

Conclusions: Caregiver stigma is a common phenomenon associated with adverse outcomes. According to our results, strong resilience serves as a protective factor, highlighting the need for targeted interventions that strengthen caregiver resilience to enhance the caregiving experience

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POS06-24 - Understanding Caregivers' Experiences and Perspectives on Online Support: A Qualitative Study

Qiuxia Li[1], Kieran Walsh[2], Sinéad Hynes[2]
[1]University of Galway, [2]

Introduction: Family caregivers of people with dementia face emotional, physical, and social challenges, yet their needs are often overlooked in support service design. Online psychosocial interventions can offer valuable support, but their effectiveness depends on meeting caregivers' real needs. In collaborated with Patient and Public Involvement (PPI) contributors with lived experience of caregiving, this study explores caregivers' experiences and support needs to inform the development of an online intervention.

Methods: Using a qualitative design, informed by PPI input, we conducted 15 semi-structured interviews and three focus groups with family caregivers of people with dementia in Ireland. Interview and focus group discussions explored caregiving experiences, support needs, and preferences for online interventions. All sessions were audio-recorded and transcribed verbatim. Data from interviews and focus groups were analysed separately using inductive thematic analysis following Braun and Clarke's approach.

Findings: Caregivers described the emotional, physical, and mental demands of their role, with feelings of fatigue, isolation, and the struggle to balance love with responsibility amid limited support. Some caregivers reported positive experiences with online supports, yet others described them as overwhelming or fragmented. Caregivers express a strong preference for online interventions to incorporate clear links to local services and to offer real human guidance—such as opportunities for peer support, direct communication with facilitators, or personalized explanations.

Conclusion and Impact: This study advances the understanding of caregivers' experiences and support needs, informing the development of an online psychosocial intervention. It also demonstrates the role and practice of PPI in dementia caregiver research, showcasing how co-design with caregivers can enhance the relevance, accessibility, and impact of research outcomes.

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POS06-25 - 'I do things that I don't really want to do …': Understanding the everyday lives of family carers of people with dementia

Jacoba Huizenga[1], Sascha Bolt[2], Nienke Bleijenberg[2], Jean Pierre Wilken[2], John Keady[3], Tine Van Regenmortel[4]
[1]HU, [2], [3]University of Manchester, [4]KU Leuven

In the Netherlands, where this study was conducted, there are around 800,000 family carers of people with dementia. Research into the needs and priorities of people with dementia and their family carers is crucial for developing tailored care and meaningful support.

However, current research lacks attention to the everyday life experiences of caring for someone with dementia at home. Therefore, the research questions this study aimed to address was: how do family carers of people with dementia living at home approach and experience their everyday life in a caring context? The study used a qualitative design, underpinned by a phenomenological approach.

We held open interviews with 15 family carers (10 partners/five adult children) and undertook thematic analysis to document and structure the data. A member check was performed on the emergent findings through a focus group with six family carers (all care partners). This process resulted in four discrete but interlinked themes that reflected the family carers' everyday experience of caring at home for a person with dementia, namely: 1) Finding and keeping routines that work; 2) Focussing on small moments; 3) Rebalancing connections; and 4) Thinking ahead. These themes also emphasise the unfolding nature of everyday life that is constantly changing for family carers.

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POS06-26 - Group Counseling Support for Caregivers of People with Young-Onset Dementia: A Two-Year Psychosocial Intervention by the Athens Alzheimer's Association

Vasiliki Exarchakou, Costis Prouskas, Panagiota Zoi, Paraskevi Sakka
Athens Alzheimer's Association

Background: Young-onset dementia (YOD) refers to the onset of dementia symptoms before the age of 65. It affects approximately 159 per 100,000 individuals in Europe. Despite similarities in symptomatology with late-onset dementia, people with YOD and their caregivers face distinct psychosocial challenges. Access to appropriate support services remains limited, as existing care models primarily target older populations.

Objective: This intervention aimed to design and implement a pluralistic group support model combining person-centred counselling, psychoeducation, and online support for caregivers of individuals with YOD. The intervention was tailored to the unique needs of participants, aiming to empower caregivers, reduce burden, and foster emotional connection and resilience.

Method: The group consisted of 10 caregivers (aged 40–65), including spouses, parents, and children of individuals with YOD. The two-year intervention involved two in-person sessions per month and an active online group via Viber, facilitated by two experienced psychologists. The methodology was based on a pluralistic therapeutic framework that integrated person-centred counselling, psychoeducation, and online peer support. Evaluation was conducted through semi-structured interviews and analysed using Thematic Analysis (TA).

Findings: The analysis revealed six main themes: (1) Medical issues; (2) Practical caregiving issues (care management, dilemmas, decision-making); (3) Family dynamics (role changes, concern for children's well-being); (4) Emotional experiences (anger, guilt,

denial, exhaustion, grief); (5) Social and institutional support (lack of community and state support); and (6) Self-care strategies.

Conclusion: The analysis identified significant outcomes, including enhanced caregiving capacity, improved emotional regulation, and strengthened social connections. These findings underscore the necessity of developing specialized support interventions for YOD caregivers, validate the efficacy of pluralistic, person-centred approaches, and demonstrate the critical role of digital tools in promoting sustained engagement and peer support.

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POS06-27 - Validation of the Revised Scale for Caregiving Self-Efficacy (RSCSE) for the German Population

Clara Cornaro[1], Maike Bulian[2], Birgit Teichmann[2]
[1]University Heidelberg, Network Aging Research, [2]

Self-efficacy refers to a person's belief about their own ability to successfully manage situations (Bandura, 1997). A higher sense of self-efficacy has been shown to help carers cope better with the challenges they face. The Revised Scale for Caregiving Self-Efficacy (RSCSE) by Steffen et al. 2002, focuses on carers of people living with dementia and assesses three domains: obtaining respite, responding to disruptive patient behaviours, and controlling upsetting thoughts. It has been widely applied and translated into various languages including Arabic, French, Spanish, Italian, and Chinese. This poster presents the results of the validation and reliability of the German version. The translation was performed using the translation-back translation method. Data was collected via an online survey on *soSci survey*, with the option of conducting it in person. N=126 completed the survey, with N=62 completing the re-test. The correlations between self-efficacy and other evaluated factors such as quality of life, positive aspects of caregiving, loneliness, social networks, confidence in caregiving, knowledge of dementia, resilience, and state-trait anxiety will be discussed. A conclusion will be drawn on whether the RSCSE is a reliable tool for assessing the self-efficacy of carers in the German context.

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POS06-28 - Positive and Negative Views on Dementia from the Caregivers' Experience

Lina Charlotte Jeran[1], Anne Elena Blawert[1], Anna Grünewald[1], Anneke Pietsch[2], Antje Holst[2], Swen Staack[2], Anna Jannes[2], Jochen René Thyrian[3]
[1]German Center for Neurodegenerative Diseases (DZNE), Site Rostock-Greifswald, [2]Kompetenzzentrum Demenz in Schleswig-Holstein, [3]German Center for Neurodegenerative Diseases (DZNE), Site Rostock-Greifswald, and Institute for Community Medicine, University Medicine Greifswald

Background: Family caregivers are crucial in the health care of people with dementia. Yet, taking care of a person with dementia can be straining and family caregivers might encounter difficult situations. The caregivers' perception and construction of their relationship with the person with dementia might impact how caregivers deal with the caregiving situation. Thus, this study investigates the attitudes of caregivers towards dementia in the family setting.

Methods: 15 semi-structured interviews with German family caregivers (Mage = 72,6, 11 female) about attitudes toward their relative with dementia were conducted. Interviews were about 30-90 minutes long and conducted at participants' homes. As we focused on difficult situations in caregivers, participants needed to be self-reflective and open to talk about their experiences. Hence, caregivers were recruited via specialized institutions (Deutsche Alzheimer Gesellschaft/ Kompetenzzentrum Demenz in Schleswig Holstein). The interviews were transcribed, and material was analyzed using inductive content analysis. Two researchers independently and systematically coded the material. Disagreements were solved through discussion.

Results: Caregivers' positive attitudes focused most frequently on the sustained human dignity and personality characteristics as well as retained abilities of the person with dementia. Most frequent negative attitudes in caregiversfocused on their perception of loss of cognitive abilities, daily functioning and the negative course of the disease in their

relative with dementia. Further, perceived hostility, “abnormal” behaviors and apathy were mentioned when describing the person with dementia. The feeling of gradually losing the person and the relationship with the person with dementiawas also a frequent theme.

Conclusion: Behaviors of caregivers (especially hostile behavior toward the person with dementia) must be understood in the context of their attitudes and overall situation. The development of questionnaires capturing specific attitudes towards people with dementia among family caregivers and the development of interventions targeting those attitudes are recommended.

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POS06-29 - Higher education students as family members of people with dementia: Understanding the experiences of student carers/family members in higher education

Chris Knifton
De Montfort University

Family carers or relatives of people with dementia can also be students accessing Higher Education (HE), and student carers are more likely to experience additional challenges that can impact on course attrition/completion (Aylward, 2023); experience loneliness and taking part in social aspects of university life (Dent, 2020); and, academic performance (Spacey et al, 2024).

Much of the reported literature however on student carers encompass caring for children, focus on 'young' carers, or, view carers through a homogeneity lens. The specific experiences of student carers and family members of people with dementia however have received little attention despite some condition-specific challenges particularly, but not limited to, neurogenerative and life-limiting. Additionally, it can affect students with siblings who have childhood dementia, and mature students supporting their aging parents/partners. Altogether this creates a unique student-carer demographic.

This work presents the early results of a project which aimed to understand the experiences of HE students as family carers, both positive (care capital) and negative (challenges), and to identify the strategies that students may benefit from. The presentation presents the findings of a rapid evidence review with a focus on both the experiences of HE student carers and of carers/family members living with a dementia. This helped form the selection of appropriate scales / questionnaires that was used in Part II, inviting HE student carers/ family members of a person living with dementia to complete an on-line survey, and asked for volunteers who may wish to talk in a bit more detail about their experiences through an interview. This project is ongoing, but presents some tentative recommendations to better understand their unique carer demographic experiences and to develop meaningful and

practical recommendations centered around the student-carer lived experience that can be adopted by higher education institutes.

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POS06-30 - Through the Eyes of Caregivers: A Scoping Review and Thematic Analysis of Subjective Views on Dementia

Lina Charlotte Jeran[1], Anne Elena Blawert[1], Anna Grünewald[1], Swen Staack[2], Anna Jannes[2], Jochen René Thyrian[3]
[1]German Center for Neurodegenerative Diseases (DZNE), Site Rostock-Greifswald, [2]Kompetenzzentrum Demenz in Schleswig-Holstein, [3]German Center for Neurodegenerative Diseases (DZNE), Site Rostock-Greifswald, and Institute for Community Medicine, University Medicine Greifswald

Background: Most people with dementia are cared for by informal caregivers at home, often relatives. Those caregivers have their own unique perceptions, beliefs and attitudes toward dementia and people with dementia, which shape and reflect their experience of the care situation. Summarizing the current state of knowledge regarding how informal caregivers view dementia might help to better understand and support them.

Methods: We conducted a scoping review using PRISMA-ScR guidelines. Inclusion criteria of papers were a) qualitative and qualitative sections of mixed-methods studies on views on dementia among informal caregivers, b) publication between 2013 and 2023, c) publication in a peer-reviewed journal, d) English or German language. The search was carried out in five scientific databases. Two authors independently screened papers for eligibility. Disagreements were solved through discussion. Information on authors, years, settings, participants, methods, analysis, aims, dementia perceptions/attitudes and results were extracted. In addition, the main themes of the given articles were summarized using reflexive thematic analysis.

Results: The search identified 2076 articles, of which 42 articles were eligible for analysis. Based on these papers, we constructed seven themes regarding views on dementia: “Dementia as natural cognitive decline”, “Dementia as caregiver burden”, “Dementia as transition in relationship dynamics”, “Dementia as uncertainty”, “Dementia as stigmatized experience”, “Dementia as enriching experience” and “Dementia as self-inflicted vs. externally determined”.

Conclusion: Views on dementia of informal caregivers are complex and multi-dimensional, encompassing mostly negative, but also positive aspects. The changing relationship of the caregiver with the person with dementia emerged as an important theme, warranting further attention in future research.

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POS06-31 - The experiences and perceptions of Befriending Schemes from family carers of people living with dementia

Pat Chung, Raymond Smith
Canterbury Christ Church University

Background: Dementia is a global public health priority. Carers of Persons living with dementia (PLWD) are recognised as essential partners in developing effective personalized intervention and support for the individuals, highlighted in the WHO Global action plan on public health response to dementia 2017-25. Two-thirds of carers report experiencing loneliness which impacts their wellbeing (NIHCR 2020). It is known that carers who live with and care for PLWD in the same household experience higher negative emotional impact and quality of life (Farina et al. 2017). Befriending schemes are potential support strategies to maintain carers' wellbeing and their caring role (National Institute for Health and Care Excellence 2020). Knowledge about carers' viewpoints of the impact of befriending schemes is fragmented. This study explored the reality of the carers' experiences.

Method: This was a cross-sectional in-depth interview study of family carers of PLWD, supported by a local Carers Support Services, and obtained ethics approval. An advisory group which consisted of stakeholders was developed to offer feedback regarding the research process and initial findings. Using purposeful sampling, family carers were invited to take part in an audiotape interview. The interviews focused on the experiences and viewpoints of the impacts of befriending schemes on their wellbeing and caring role, including carers' feeling and reflections. Interviews were transcribed and coded, followed by thematic analysis (Braun & Clarke 2006).

Findings: Eight participants (6 female, 2 male) took part in the interviews. Participants included spouses, children, and partner (aged 50's-80's years). Key themes included

concept of befriending, essential elements for befriending schemes, accessibility to befriending scheme, highlighting barriers and challenges to successful implementation of befriending schemes.

Conclusion: This has implications for service providers and commissioners to develop a realistic befriending schemes/framework to deliver the best possible support to carers who want to maintain the PLWD at homes

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POS06-32 - The perceptions and attitudes towards the concept of befriending for informal carers of people living with dementia: A systematic review and thematic synthesis

Raymond Smith, Pat Chung
Canterbury Christ Church University

Background: The aim of this systematic review was to explore the perceptions and attitudes of informal carers of people living with dementia towards the concept of befriending. Befriending is often provided by volunteers and has been shown to benefit informal carers, however there is currently no clear understanding of what impact the term 'befriending' has on service uptake. The review had the following four research questions: 1) How do informal carers view befriending as a concept? 2) Which demographics of informal carers perceive the concept of befriending more or less favourably than others and why? 3) How and in what ways do these perceptions act as barriers or facilitators to accessing befriending services? 4) What, if any, alternative concepts to befriending are preferred and how would these alternatives impact on potential service utilisation?

Methods: The following five electronic databases were searched from the date of the first records until week 4 of April 2025: MEDLINE; PsycINFO; Embase; Social Policy and Practice; and CINAHL. Hand searches of the reference lists of the included studies and relevant journals were also conducted. Only peer reviewed research published in English was included. There were no restrictions on study design. Data from included studies were synthesised using the four-stage approach for thematic synthesis as described by Thomas and Harden (2008). These four stages are: 1) extract data; 2) code text; 3) develop descriptive themes; and 4) generate analytical themes.

Results and Conclusions: Data synthesis is currently ongoing, with synthesised findings being grouped into themes according to the systematic review's four research questions. The findings from this systematic review will provide guidance to voluntary sector service

providers regarding why some informal carers do not make use of befriending schemes and to potentially make the service more accessible to more informal carers.

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POS06-35 - Beyond the Sessions: Reflections of a Group Facilitator for Caregivers of Persons Living with Dementia

Hadas Bar-El Fremder
Freelance Professional

This presentation shares insights from extensive experience facilitating support groups for caregivers of Persons Living with Dementia (PLwD). The experience of working with a diverse caregiving population —spouses, adult children, and multiple family members— highlights strategies for balancing group diversity with emotional safety.

Initial recruitment strategies often required persistent collaboration with social service agencies and community contacts. Unexpectedly, beyond the group sessions themselves, continuous ongoing support had a crucial role, i.e. messaging chats, sharing educational resources and providing individual guidance.

Weekly groups demanded continuous topic development and management of emotional intensity, while monthly groups faced challenges in sustaining a sense of connection and emotional safety. Interestingly, integrating caregivers in both rural and urban environments revealed the profound influence of community size on participants' willingness to share.

One of the most meaningful aspects was the emotional bond that was formed between participants. Trust and mutual understanding created opportunities for caregivers to share their vulnerabilities openly. As peer to peer, the participants were able to express thoughts that might have been objectionable presented by a facilitator. For the facilitator, a central challenge was promoting this natural process, while constantly and sensitively steering the group’s supportive atmosphere.

Key challenges and lessons from virtual and in-person groups are presented, including ethical considerations, engagement dynamics and group continuity. Personal narratives of

participants, some who continued attending after the loss of their loved ones, demonstrate the enduring emotional impact and unique role such groups have in the caregiving journey.

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POS06-36 - What are the issues faced by people with dementia and their family carers in rural parts of England, and how can they be better supported?

Christopher Poyner
University of Birmingham

Background: In England home-care provision is often inadequate leading to high levels of unmet need for people living with dementia, and burden for informal or family carers. Unmet need is exasperated in some parts of England, where social care provision has broken down creating regional inequality within the social care system. These are particularly pronounced in rural or remote locations where structural inequalities exist, including difficulties with accessing care services and transportation.

Aims: This study aimed to better understand the needs and preferences of people with dementia and their family carers in rural areas and how best to support these. Thereby, adding to the evidence base around the lived experience of dementia in rural communities in England, from the perspective of people with dementia and their family carers.

Methods: Semi-structured one-to-one, or dyadic interviews were conducted. A convenience sample of people with dementia (n=6) and/or their primary family carer (n=13) were recruited. Of the 13, three were non-resident family carers. Participants lived at least 10 miles from an urban centre, in a community with less than 10,000 people, in England, or self-defined as living in a rural area. Data were collected from November 2023 to September 2024. No financial incentive was offered in exchange for participation. Data were analysed thematically.

Findings: Themes included a desire to remain in place; service access burden; increased non-resident caregiver burden; a lack of care service flexibility and continuity; and perceived stigma and diminished social capital.

Implications: The social worlds of people living with dementia should be considered and used as a lens to improve support. New formulation of social capital, post dementia onset may help to negate the impact of stigma on people's lives. Home care service innovation is needed to provide more person-centred, affordable, and flexible provision.

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POS06-37 - Home Alone group intervention is developed for the caregiver of persons with dementia

Minna Huhtamäki-Kuoppala
Etelä-Pohjanmaan Muistiyhdistys ry

PWD have recently moved to a nursing home or died.

Even if PWD has been in short-term care for a while, the caregiver's time has been spent on day-to-day errands. As many caregivers say: "for sleeping". When a long-term and binding care situation ends, caregiver is in a new situation: they have not been able to prepare for this situation ans participation in activities outside the home may have faded.

The group meets once a week four times and the fifth time after a longer period (e.g. 1-2 months). The themes are:

1. Getting to know group members and life stories.
2. Fears related to the new situation. How to cope with fears. Safety and support networks.
3. Own resources and opportunities to strength them.
4. Dare to be in a new situation of life and orient themselves towards the future.
5. Current situation and future.

The Home Alone group reflects the life lived, the current situation and the future. Confidential discussions and a personal diary can provide new perspectives on the everyday life. By processing those themes, the carer is “given permission” to participate in life outside the home, hobbies and activities that they may have done before becoming a caregiver or that they have dreamed of in the past.

Home Alone group intervention model has been made into a guide for the instructor in Finnish.

Funded by the Anja Mäntylä Fund.

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POS06-39 - Effectiveness of psychoeducational intervention for family caregivers of people with dementia: an exploratory study

Martina Venusti[1], Rosalinda Scarpino[1], Elena Zerbini[1], Clelia D'Anastasio[2]
[1]Associazione Ricerca Assistenza Demenze - ARAD, [2]ARAD (Associazione Ricerca Assistenza Demenze) APS ETS

Background: Family caregiving in dementia is associated with high levels of psychological distress: up to 80% of caregivers report significant distress, 40–60% anxiety, and 30–50% depressive symptoms (WHO, 2021). Factors that influence perceived burden include the severity of the care recipient's symptoms, social support, coping strategies, and knowledge of the disease (Pinquart & Sörensen, 2006). Structured and multidimensional psychoeducational interventions have been shown to be effective in reducing psychological distress and improving caregiving management (Brodaty et al., 2003; Chien et al., 2011; Parker et al., 2008).

Methods: We conducted an exploratory study to test the efficacy of psychoeducational intervention aimed at informal caregivers of people with dementia. The program included weekly meetings of one our, led by a psychologist, with the support of multimedia materials and guided discussions, for three months. Each group consisted of 6-8 people. 6 out of 20 participants, (F/M 5/1, mean age 63.8 years) have so far completed the intervention and were assessed pre- and post-treatment using the Zarit Burden Interview (ZBI-22), a validated instrument for measuring subjective caregiving burden.

Results: After the intervention, the mean score on the ZBI-22 decreased from 47.17 to 40.67, indicating a reduction in perceived burden. Improvements were recorded particularly in the emotional domains (tension, sense of inadequacy), organizational (emergency management, work-care balance) and in the perception of self-efficacy. Despite the small sample, the data suggest a positive effect of the intervention.

Conclusions: Preliminary results indicate that group psychoeducational intervention can contribute to reducing the perceived care burden in caregivers of people with dementia.

Studies with larger samples, longitudinal follow-ups and the integration of multidisciplinary support approaches are desirable to consolidate the observed effects.

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POS06-40 - Older spousal carers' relationship quality with persons with dementia in contrasting social and physical environments - a GERDA study

Sarah Åkerman[1], Fredrica Nyqvist[1], Birgitta Olofsson[2], Erika Boman[3], Yngve Gustafson[2]
[1]Åbo Akademi, [2]Umeå University, [3]Åland University of Applied Sciences

Background: Relationship quality can be seen as an overlooked, but important indicator of quality of life among older spousal caregivers and the person with dementia they care for. To foster dementia friendly communities, more evidence is needed on how the social and physical environment can support relationship quality in older spousal care dyads in the context of dementia.

Aims: This study investigated associations between relationship quality and social and physical environment, respectively, among older spousal caregivers of persons with dementia in Western Finland and Northern Sweden.

Methods: The multidisciplinary Gerontological Regional Database (GERDA) survey data in 2021/2022 (N=11 984 respondents) was used for the analyses. Bivariate correlation tests and multivariate logistic regression analyses were performed to investigate associations between spousal caregivers' perceived relationship quality with the person with dementia and the social environment (contact with other family members, friends and neighbors) and physical environment (rural, urban), respectively. The subsample of spousal caregivers of someone with dementia consisted of 333 respondents.

Results and conclusions: The analyses are ongoing. The results will provide important insights into how the social and physical environment surrounding spousal care dyads are associated with perceived relationship quality among older spousal caregivers of someone with dementia. The results can provide important policy implications for fostering dementia friendly communities.

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POS06-41 - Family carers of people with dementia along the place of care trajectory

Mateja Lopuh[1], Jana Mali[2]
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Familly members often act as primary caregivers of their beloved ones living with dementia.It is well known and aknowledged that such care requires a lot of determination and is constantly challenged by deteriorations along the course of the disease. Many caregivers bounce from despair to hope, from guilt for not being positive and optimistic every day to search for a way out, from hoping for a better life for all to a realistic scenario of placing their beloved one in the institution. It is not much known about the reasons that force even the most dedicated carers to take such a decision. Even less is known about the change in their lifes after that.

When the place of care is changed, most caregivers focus on the quality of care delivered in the institution and many times their demand on the personell is too high and sometimes impossible to achieve. In many occasions, tension is built between the professionals and the relatives and clouds the fact that both parties strive for the best care possible.

The preliminary report presented is a one senior home study. It includes 10 family members who have just recently decided to place there their beloved ones with dementia. In an interview their feelings before and after the placement were compared. Professional staff was interviewed to describe the difference in cooperation between family members who decided for an institution in late phase of dementia and those in an early phase.

Although caregivers mainly describe relief after deciding for an institutional care, many suffer from guilt, especially if death happens soon after the placement. Care cannot be compared with theirs at home and they have an urge to protect the beloved one. The staff often sees the relatives as difficult ones, trying to force care they cannot provide.

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POS06-43 - The well-being and lived care experiences of family caregivers of people living with dementia: the case study of Photovoice practice in Lithuania

Ieva Petkutė[1], Diana Rėklaitienė[1], Simona Karpavičiūtė[2]
[1]Lithuanian Sports University, [2]Socialiniai meno projektai

Aim: To investigate the well-being and lived care experiences of family caregivers of people living with dementia in Lithuania through the implementation of the Photovoice practice.

Methods: Photovoice practice as a participatory research method. Qualitative research methods included focus group discussions with family caregivers of people living with dementia (PLWD). Data collected during the process was analyzed using a thematic analysis approach. Creative research results,photographs and stories,were presented in a public exhibition.

Results: The following themes emerged within the focus group discussions,photographs,and stories: "interdependency," "interconnectedness of care," "mundane," "the bond in care," "the role of supportive environment," "the aspiration to maintain one's inner freedom," and "who is the bearer of responsibility?"

These themes uncovered areas of poor caregiver well-being (stress, fatigue, challenges related to health and mental well-being, self-care skills, and free time; emotional and physical distress in care relationships); lack of daily dementia care skills; lack of support for caregivers (providing emotional support, assisting with daily tasks, creating opportunities for rest, and fostering healthy family-work life integration);lack of knowledge and stigma related to dementia within society and among formal and informal caregivers; limitations in the support system for people living with dementia (absence of a person-oriented approach, challenges in pre-, during, and post-diagnostic services, worrisome aspects of accessibility and quality); and the need for community support groups and arts-based approaches to support caregivers' health and well-being.

Conclusions: There is an urgent need to actively support the well-being of family caregivers of PLWD in Lithuania by offering services that focus on skills development, physical and mental resilience, and ensuring the accessibility and quality of care systems. The application of the Photovoice practice is an innovative arts-based approach to provide insight into the intimate environments and current quality of care and support received by both family caregivers and PLWD in Lithuania.

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POS06-44 - The Role of Caregiver Burnout in Understanding “Wandering” in Dementia

Gabriela Początek[1], Gabriela Początek[1], Natalia Segiet[2], Julia Drzazga[2], Agnieszka Gorzkowska[2]
[1]Medical University of Silesia, [2]

Introduction: Caregivers play a crucial role in the lives of patients with dementia. Nearly …. of caregiver’s experience burnout.

Objectives: The aim of the study was to analyse the distinctive impact of caregiver burnout on their narratives about “wandering”.

Material and methods: Individuals were asked to participate in semi-structured interviews based on an online interview topic guide by Griffiths et al. (2024). Invitations were displayed via the internet and posters in hospital settings. Interviews were done online and recorded. In addition, relatives completed the Zarit Buried Interview Scale (ZBI) Questionnaire for assessing caregiver burnout. The study group included 40 polish home caregivers of people with Alzheimer's disease (mean aged, 65% female).

Results: A narrative analysis of the interviews revealed that caregivers who are more burned out are more likely to describe “wandering” with pejorative terms such as disorder (12 interviews) or problem (18 interviews). Those with low levels of burnout are more likely to look for behavioural causes of wandering behaviour and present a proactive willingness to analyse their loved one's situation (15 interviews). Those with higher levels of burnout are more likely to see the cause of “wandering” in the negative intentions of their loved ones (4 interviews). In addition, those with higher levels of burnout are more likely to point to a lack of professional help to manage “wandering” (8 interviews), and those with low levels of burnout are more likely to speak positively about health care support (10 interviews).

Conclusions: The results indicate that the level of burnout among carers influences how they interpret ‘wandering’ in their loved ones living with dementia. These results point to

the need for a comprehensive approach to caregiver support that considers both the practical and emotional aspects of caring for people with cognitive disabilities.

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POS07-01 - Improving care for older people with cognitive impairments and a migration background, living at home

Franka Meiland[1], Karolien Biesheuvel[2], Jetske Parée[2], Miriam Goudsmit[3], Jos van Campen[4], Martin Smalbrugge[2]
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Background: An increase in dementia is expected among people with a non-Western migration background living in the Netherlands. However, diagnosing dementia in non-Western migrants is often difficult or does not take place. This is due to language and cultural barriers, low education and illiteracy, which make common cognitive screening instruments less suitable. Since October 2023, the Network for Geriatric Medicine Amsterdam in primary care (NOA) offers a cognitive diagnostic service at home for older people with a migration background. This entails an interview with patient and caregiver, and administration of e.g. RUDAS and IQCODE by an elderly care physician. Over 100 people have been using this new service. The aim of this study was to evaluate this service and to explore opportunities for improvement of care for this migrant population.

Methods: A focusgroup with various stakeholders: general practitioners and physician assistants; elderly care physicians and specialized nurses (from NOA); and key figures.

Semi-structured interviews with patients who received the NOA cognitive diagnostic service and/or their next of kin. Data collection is in May 2025.

Results: This project ends half July 2025.We will describe the target population and procedure of these outreaching cognitive diagnostic service by an elderly care physician. Experiences of professionals and patients will be presented regarding: the cognitive diagnostic service at home (delivered care/outcome which is often more then making the

diagnosis; communication); perceived benefits and suggestions for improvements; and how care for the target group in general can be improved.

Conclusion: A new diagnostic care service by elderly care physicians at home for older people with a migration background and cognitive problems in the Netherlands was studied. Experiences, perceived benefits and suggestions for improvements will be shared, both for the cognitive diagnostic service as for care for this target group in general.

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POS07-02 - Examining cultures of control and their impact in the care of people living with dementia in acute hospital ward settings in the UK

Shadreck Mwale[1], Andy Northcott[2], Katie Featherstone[2]
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A longstanding body of research, reports, and public enquiries in the UK identifies people living with dementia experience systemic inequalities within the acute hospital setting, concluding a focus on improving cultures of care as critical. Drawing on a 3-year multi-sited hospital ethnography, this paper examines everyday cultures of care in the UK's National Health Service (NHS) acute hospital wards to examine how ethnicity, gender, and social class intermingle to shape the care of people living with dementia.

Drawing on Collins' concept of intersectionality, our analysis reveals that, while cared for by diverse teams of healthcare professionals, a patients' age, ethnicity, gender, and social class, as interconnected categories, influences care. We identified the tightening of ward rules for some people living with dementia and the granting of significant privileges for others. Focusing on walking within the ward, with people living with dementia often classified as 'wandering' by ward staff, we explore ways in which their intersectional identities informed who was granted privileges to leave the bedside and 'wander' the ward, and who experienced further control and containment.

This presentation will conclude that institutional racism and attitudes to gender, social class, and ageing, are embedded within the routine organisation and delivery of care within NHS acute hospital wards to significantly impact people living with dementia, and in turn, increases the consideration of care pathways that emphasise discharge to institutional settings.

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POS07-04 - The DeSign Project: Identifying Dementia Knowledge in the Deaf Community and Findings from an Adapted Cognitive Screening Test for Older Deaf Adults in Austria and Greece

Marianna Tsatali[1], Athanasia - Lida Dimou[2], Tarsitsa Ntova[3], Antigoni Angelidou[4], Doris Hoffmann-Lamplmair[5], Marie-Luise Burgstaller[5], Ege Karar[4], Nicola Della Maggiora[6], Romeo Seifert[5], Enrico Dolza[6], Magda Tsolaki[7], Birgit Teichmann[4]
[1]Greek Association of Alzheimer's Disease & Related Disorders, [2]ATHENA – Research & Innovation Information Technologies, Athens, Greece, [3]Association of Deaf of Northern Greece, [4]Network Aging Research, Heidelberg University, [5]Krankenhaus Barmherzige Brüder, Vienna, [6]Istituto dei Sordi di Torino, [7]Greek Association of Alzheimer's Disease and Related Disorders

Background: Current data on dementia knowledge and attitudes among Deaf individuals are quite limited. Additionally, access to dementia services remains restricted due to a lack of interpreter services and the absence of experts proficient in sign language (SL).

As a result, raising dementia awareness within the Deaf community is a high priority, closely linked to the need for appropriate diagnostic services. Furthermore, there are currently almost no screening tools adapted to local SL for the early detection of dementia. Method: To address this gap, the current Erasmus+ project aims to assess Deaf individuals' attitudes and knowledge about dementia using appropriate psychometric tools.

It also seeks to develop dementia awareness seminars tailored to the cultural backgrounds and norms of Deaf communities in Austria, Germany, Greece, and Italy. Additionally, the project will adapt the only existing Cognitive Screening Test (CST), originally modified for British Sign Language by Atkinson et al. (2015), for use in Austrian and Greek Sign Languages to aid in detecting dementia in older Deaf adults. Result: First, the results from

the tools assessing dementia attitudes and knowledge will be presented. Following this, structured seminars designed to promote dementia awareness will be implemented within the Deaf communities of the participating countries.

Additionally, results from the focus groups conducted to gain deeper insights into Deaf individuals' perspectives on dementia, their sources of information, and any existing stereotypes or misconceptions. Furthermore, the adapted Austrian and Greek CST will be administered to a total of 200 Deaf older adults. Conclusions: The aim is to conduct dementia awareness seminars for Deaf individuals in Austria, Germany, Greece, and Italy while also facilitating early dementia detection by providing appropriate care pathways for this population.

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POS07-05 - Needs and preferences of informal caregivers for people with dementia with an Indonesian or Moluccan background in the Netherlands: Semi-Structured Interview Study

Isabeau Van Rompuy[1], Hannah Christie[2], Marjolein De Vugt[2]
[1]Alzheimer Centrum Limburg / Maastricht University, [2]

Background: Dementia caregiving among ethnic minority groups is shaped by cultural values, migration histories, and social expectations, yet many communities remain underrepresented in research. In the Netherlands, dementia increasingly affects individuals of Indonesian and Moluccan descent, whose caregiving experiences may differ from other groups. This underrepresentation can lead to inequities in care provision and limit the development of culturally responsive services. This study explores the needs and preferences of Dutch informal caregivers with Indonesian or Moluccan backgrounds who support relatives with dementia. The aim was to provide insights into culturally embedded informal caregiving experiences to support the development of inclusive dementia care approaches.

Methods: Semi-structured individual interviews were conducted with 11 informal caregivers supporting relatives with dementia. Six caregivers had an Indonesian background, while five had a Moluccan background. Interviews were conducted both in-person and online, with most taking place at the informal caregivers' homes, depending on personal preference. All interviews were audio recorded and transcribed verbatim. Interviews were analyzed by co-authors IVR and HC using inductive qualitative analysis.

Results: Preliminary results show that informal caregivers advocated for more culturally-specific services, including day programs and residential care that understand their values and traditions. Caregivers appear to value connections with others from similar ethnocultural Indonesian or Moluccan backgrounds. Many caregivers continue providing home care even when it becomes unsustainable, possibly because they have few culturally care options to turn to. Expanding culturally-tailored services, such as offering Indonesian

and Moluccan cuisine in care facilities, could potentially ease caregiver pressures and facilitate smoother transitions to formal care when needed

Conclusions: This research highlights significant gaps in Dutch dementia care for informal caregivers and people with dementia from Indonesian and Moluccan backgrounds. The findings underscore the need for more culturally-tailored approaches to dementia care in the Netherlands. Final conclusions are expected by July 2025.

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POS07-06 - The use of care home environments to meet culture-specific needs of culturally and linguistically diverse residents with dementia: An integrative review

Nina Ramezani[1], Sarah Granberg[2], Annica Kihlgren[1], Katarina Baudin[3], Helen Lindner[1]
[1]Örebro University, [2]Örebro University / The National Agency for Special Needs Education and Schools, [3]Karolinska Institutet

Background: Increasing global migration creates new challenges for multicultural societies in providing equitable care. Culturally and linguistically diverse (CALD) people with dementia who move into care homes find themselves in an environment where health professionals do not speak their language and the access to cultural activities is limited. When designing care home environments for CALD dementia residents, culture is a key consideration. This integrative review aims to highlight what elements of care home environments are reported to meet culture-specific needs of CALD residents with dementia.

Methods: The search strategy included search terms for care homes, various forms of dementia and the CALD population. A systematic search was carried out in six databases. Eligible articles were original peer-reviewed studies published in 2013-2024 that contained examples of how care home environments had been used. All screenings and extractions were carried out by two independent researchers.

Results: The database search resulted in 4311 records. After the screening process, 27 articles were found to meet the eligibility criteria. The review findings are categorized according to components of the WHO's International classification of functioning, disability and health (ICF). Results linked to the ICF component Activities and participation, stress the importance of communication in the resident's preferred language, social and supportive relationships and culturally relevant activities, while the component Environmental factors

highlight the significance of ethnic food and support from culturally competent care professionals and family members.

Conclusions: This integrative review underlines the complexity of using environments to meet culture-specific needs of CALD residents with dementia. The findings highlight the importance of bilingual staff, culturally relevant activities and inclusive environments in enhancing communication, building interpersonal relationships and reducing frustration. This review gives suggestions on how care home environments may be adapted for CALD residents and encourages further research to find practical solutions for equitable care.

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POS07-07 - Including underserved groups in research

Emma Law
Neuroprogressive and Dementia Network

I would like to share with the international audience the developments and progress Scotland has made in encouraging underserved groups to be included in research.

In our bi-annual questionnaire to all care homes in Scotland, this year we added in a question on whether the care home has an LGBTQI+ champion or advocate. I can outline to the community what the answers were to this question from a return of 121 questionnaires, where by 85 answered No with no follow up text but the other 36 replies have some interesting results. I can describe how we aim to follow these replies up.

I will explain how Permission to Contact (PTC) has provided people with dementia or a neurodegenerative disease the opportunity to take part in our research in a user-friendly and efficient method of contact and recruitment. I have some information about follow up in the areas of deprivation in Scotland about what encouraged people to sign up to being part of research.

I will outline some of the strategies we have used to encourage people from black, Asian and minority ethnic groups including the traveller and gypsy community to come forward to be included for research.

I will also explore the barriers and facilitators to recruiting people from underserved populations and will describe how we have used other recruitment tools to facilitate recruitment to Dementia and neurodegenerative disease clinical research.

We strongly believe that the active inclusion of people with lived experience of a health condition in the design, development, and execution of research is essential. I will

demonstrate the importance of the Patient and Public Involvement group is to all these activities.

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POS07-08 - Adaptation and validation of Dementia Knowledge and Dementia Attitude scales in German Sign Language: Results from the DeSign*-Project

Birgit Teichmann[1], Ioanna Antigoni Angelidou[2], Tarsitsa Ntova[3], Ege Karar[2], Marianna Tsatali[4]
[1]Heidelberg University, Network Aging Research, [2]Network Aging Research, Heidelberg University, [3], [4]Elliniki Etairia Nosoy Alzheimer kai Syggenon Diatarachon Somateio (GAARD)

Introduction: The prevalence of dementia is rising at an alarming rate worldwide. It is presumed that this also applies to the Deaf community, despite the absence of diagnostic tools for this group. The lack of effective communication between Deaf individuals and the general public often results in a lack of awareness and understanding about dementia among the Deaf community. There is presently no validated instrument in sign sanguage that assesses knowledge, attitudes, and confidence in caring for people with dementia. The objective of this study is, therefore, to adapt and validate the Dementia Knowledge Assessment Scale (DKAS), the Dementia Attitude Scale (DAS), and the Confidence in Dementia Scale (CODE) in German Sign Language.

Method: DKAS-D, DAS-D, and CODE-D were adapted into German Sign Language by translation-back-translation method. A convenience sample of 205 individuals was recruited via an online platform. All participants answered the DKAS-DGS and DAS-DGS, while a subsample also answered the CODE-DGS (n = 160). The psychometric properties of the tools were validated through an assessment of their reliability (internal consistency, structural validity, known-group analysis) and an item analysis for DKAS-DGS.

Results: The internal reliability was found to be acceptable to good for all scales. The four-factor structure could be confirmed for DKAS-DGS with an acceptable model fit after the removal of five items. For the DAS-DGS, the two-factor structure required revision, with four items removed to improve model fit, while the one-factor model of CODE-DGS

demonstrated good model fit. Known-group analyses confirmed construct validity, with participants with dementia experience scoring significantly higher across all scales. Item-level analysis of the DKAS-DGS revealed high rates of non-response and floor effects for items involving theoretical knowledge or negation.

Conclusion: The three scales are valuable tools that can be used to evaluate dementia awareness seminars for the Deaf community in Germany.

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POS07-09 - Lifestyle and Dementia Prevention: Perceptions of Healthy Aging and Social Influences on Behavior Change in Dutch Migrant Communities

Awaale Fuad Rirash, Najoua Lazaar, Sanne Franzen, Janne Papma
Erasmus MC

Background: People with migration backgrounds in the Netherlands are disproportionately affected by mild cognitive impairment (MCI) and dementia, yet they remain relatively underrepresented in dementia prevention research. With no curative treatments for Alzheimer's disease, addressing modifiable risk factors such as smoking, physical activity, diet, and obesity is crucial. This study explores how perceptions and social influences shape the attitudes of people with a migration background towards dementia prevention behaviors, using the Behavior Change Wheel (BCW) framework. Findings aim to inform the development of culturally tailored interventions to reduce dementia risk and health disparities.

Methods: Semi-structured interviews with participants aged 40 and older were conducted (n=20). Participants self-identified as having a migration background, were recruited at health fairs and through snowball sampling. The interviews were focused on perceptions of healthy aging and health behavior (change) in regard to lifestyle, motivations, with a specific focus on social influences in dementia prevention. The interviews were transcribed verbatim and analyzed using Atlas.ti.

Results: Preliminary analyses highlight the role of social influence on health behavior change. For example, the perception of family members (e.g., parents, children) impacts motivation. Cultural and familial risk awareness also appears linked to behavior change. Maintaining a social network was linked to healthy aging. However, general knowledge of dementia is limited, and when informed on the risk factors no direct intentions on lifestyle change are found.

Discussion: Preliminary findings suggest social influences, particularly from close family, are strong motivators for dementia prevention. Sharing meals connects people and increases social interaction. However, it can also be seen as a barrier in changing health behavior, as certain foods (high in carbohydrates or trans/saturated fats) are described by participants as a staple in their culture. These insights underscore the importance of incorporating family, social networks, and cultural awareness into culturally sensitive intervention designs.

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People - Minority ethnic groups

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POS07-10 - Dementia Community Champions - working with the South Asian Community in the UK to share health information and research about dementia

Joann Leeding, Sam Turner
Alzheimer's Research UK

Alzheimer's Research UK (ARUK) have co-designed a training programme with the South Asian Communities of Leicester, Nottingham and Derby, to create a community of volunteers - Dementia Community Champions - who share information about dementia, risk reduction, and participation in dementia research. Through this project ARUK has developed an understanding of the barriers communities face in accessing health information and the stigma experienced when talking about dementia.

The method of developing a training programme, activities and events with the community is crucial to success as well as continued engagement. The programme is in it's third year in Leicester, and expanding across the UK to other locations in 2025-26, Nottingham, Derby, London.

There are now 30 Dementia Community Champions in Leicester, Nottingham and Derby who have held events, activities and talks with over 1000 members of their communities. Resources are culturally appropriate and some materials are translated into South Asian languages - Urdu, Gujurati, Bengali

We will explore methods used to create the programme, its utility and impact on increasing awareness of dementia and participation in dementia research, and the challenges experienced. The programme model could potentially inform similar initiatives with under represented communities and be of interest to policy makers and research funders hoping to increase access to participation in research from diverse communities.

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POS07-11 - Adapting a Dementia E-learning Tool for Informal Caregivers with a Migration Background

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The prevalence of dementia is steadily increasing in the Netherlands, particularly among migrant groups. Informal caregiving by family members is common in these communities. Many of those informal caregivers experience significant caregiver burden, exacerbated by a knowledge gap about dementia, a reluctance to seek help due to stigma, low health literacy and services that do not align with their needs. E-learnings about dementia, such as STAR e-learning, may reduce caregiver burden by bridging the knowledge gap and offering low-threshold support. In this study STAR will be adapted in co-creation with the target group to better align with their specific needs and experiences.

The study involves three phases, the first of which has already been completed. 1) Heuristic Evaluation: three independent experts evaluated the first two modules of STAR according to 29 established usability heuristics tailored for users with limited health literacy. 2) User-Experience Testing: five informal caregivers will test STAR using think-aloud protocols to identify any immediate barriers to interaction with the digital tool. 3) Focus Groups: users will participate in group discussions to gather qualitative insights on their experiences, preferences, and the perceived value of the format and content of the tool.

The heuristic evaluation identified violations in 15 of the 29 heuristics. Eight severe issues required design fixes, including unclear navigation, ambiguous quiz content, and absence of accessibility features like a read-aloud function. Sixteen issues were moderate (e.g., inconsistent instructions, use of difficult terminology), and ten mild (e.g., missing feedback button). Results from UX testing and focus groups are expected by summer 2025.

Several usability barriers for informal caregivers with a migration background were identified. Planned improvements are intended to improve usability and overall user experience.

Upcoming UX tests and focus groups will provide essential user perspectives to further adapt the tool to their specific needs.

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POS07-12 - Risk and prevention in relation to migration background – Results of a Scoping Review

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Background: While non-pharmacological prevention is in spotlight of research, intersectional perspectives remain underrepresented. Such approaches are essential to address social inequalities and structural determinants of health. In Germany, more than 23 million people have a migration background, including over 2.3 million aged 65+. Aim of the review was to detect areas of research and compile existing knowledge on the risk and prevention of dementia for People with migrant background focusing on three research objectives: risk and risk factors, prevention, and most marginalized people with migrant background.

Methods: Three database were used for a systematic literature search: PubMed, PsycInfo and Web of Science. The conceptual framework ‚Population, Concept and Context' was used to specify study population regarding inclusion and exclusion criteria for studies. Two researchers independently screened titles and abstracts; discrepancies were resolved in discussion with a third reviewer. Full texts were analyzed, and included studies were synthesized based on key characteristics and thematic content.

Results: Thirty-five studies were included that addressed dementia risk in the context of migration. Key determinants of cognitive impairment included language barriers, social isolation, and migration-related stressors. These factors were found at individual, community, and institutional levels. Regarding prevention, only seven studies were

identified, focusing on faith and spirituality, culturally shaped beliefs and knowledge about dementia and diagnostic challenges. A substantial research gap exists concerning asylum seekers, undocumented individuals, and those with irregular migration status.

Conclusion: This review provides an overview of research on dementia risk and prevention in relation to migrant background. People with a migrant background are underrepresented in dementia risk reduction research. By consolidating current evidence and highlighting critical gaps, the review aims to help facilitating a link between well-designed implementations, risk reduction strategies and policies.

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POS07-13 - Bridging the Gap: A Community-Centric Methodology to Enhance the Inclusion of South Asian Communities in Dementia Clinical Trials in the UK

Karan Jutlla[1], Emma Hill[2], Pauline Namaganda[2], Rashi Arya[3]
[1]University of Wolverhampton, [2]Roche Products Limited, [3]Midlands Partnership University NHS Foundation Trust

South Asian communities in the UK are projected to experience a significant increase in Alzheimer's disease and related dementias, yet this demographic remains underrepresented in clinical trials. Consequently, there's a lack of data to support the generalisability of findings from studies conducted with predominantly non-South Asian participants, which may limit the applicability of study findings, and the development of effective interventions tailored to the specific cultural values, communication styles, and lived experiences of South Asian individuals and their families. Without adequate representation of all people living with the disease in research, the development and implementation of tailored interventions, crucial for disease management and improving overall care, are significantly impeded.

Bridging the Gap is a community outreach initiative, sponsored by Roche, which seeks to enhance the inclusion of South Asian Communities in Dementia clinical trials by developing a targeted approach to removing barriers for communities in a region in the UK where clinical trials are frequently conducted. The primary goal will be to define effective strategies for recruiting and retaining South Asian participants or individuals and their study partners in clinical trials. The secondary goal will be to develop further recommendations for engaging with people from South Asian communities who may have memory complaints or cognitive issues which can be shared across clinical trial sites within the UK. This approach

will aim to ensure that the strategies are culturally sensitive and address the specific needs and perspectives of the South Asian community.

This presentation will share the methodology behind the Bridging the Gap initiative, which we anticipate could serve as a replicable strategy for addressing disparities in healthcare. By effectively engaging underrepresented communities, this approach aims to ensure that the benefits of dementia research are realised by all population's representative of disease, fostering a more inclusive landscape in the field.

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POS07-14 - Voicing Care: How UK-based South Asian Families Rework Dementia Support Through Culture and Community

Abdul-Munim Bashir
University of Leicester

The study explores how UK-based South Asian carers support elderly family members with dementia, and whether they engage with Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations for culturally appropriate care. Using the frameworks of cultural citizenship and voice, the research examines how carers navigate belonging, recognition, and informal civic participation in systems often ill-equipped for their cultural realities.

Fieldwork spans multiple-sites and methods, including participant observation, in-depth interviews, and engagement with VCFSEs - using photovoice, a participatory visual method enabling carers to document their carer experiences through photography. This approach only powerfully visualises identity, emotion, and everyday care practices in a community which may experience challenges in general literacy and health literacy.

The study investigates if and how the family remains the primary site of dementia care, is the active care gendered, emotionally burdensome, and/or rendered invisible in policy and practice? The research envisages uncovering if carers demonstrate ambivalence or disengagement from VCFSEs due to cultural misalignment, language barriers, and institutional mistrust, or are VCFSEs culturally embedded and community-led thereby providing effective support, cultural affirmation, and spaces for collective voice? Through the lens of cultural citizenship, do these sites emerge as arenas where carers perform subtle forms of civic resistance and cultural negotiation of identity, termed cultural citizenship. The

narratives utilising photovoice will give voice and capture moments of resilience, isolation, and agency, visually reflecting the South Asian carer realities.

The study hopes to present recommendations around (1) co-designing dementia services centring carers' lived cultural knowledge; (2) supporting VCFSEs with sustained, culturally informed funding; and (3) a need for reimagining care as a space of civic engagement and voice. This research offers a critical contribution to the fields of dementia care, migration studies, and cultural health, advocating for systems to recognise difference and also redistribute voice and power.

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POS07-15 - Pills, Protocols, and Prejudice: Rethinking Dementia Care for South Asian Elders in Community Pharmacies

Abdul-Munim Bashir
University of Leicester

This study investigated the awareness, practices, and cultural competence of community pharmacy staff in the United Kingdom supporting elderly South Asian patients with dementia. Using a quantitative questionnaire distributed among pharmacy staff, the study collected data on self-assessed cultural competence, training experiences, perceived barriers, and the availability of relevant resources. Descriptive statistics and word frequency analysis were applied to interpret the data.

Findings revealed substantial gaps in cultural competence and preparedness among respondents. Most staff including Pharmacists with a Bachelors or Masters degree and Pharmacy Technicians had not received formal training specific to cultural or dementia care. Their self-assessment scores indicated low to moderate confidence in delivering culturally sensitive services. Identified barriers included language difficulties, limited access to culturally appropriate resources, inadequate training, and weak interprofessional collaboration. Organisational support for cultural competence initiatives was also reported as insufficient.

Based on these findings, the study recommends the development of structured and ongoing cultural competence training programs, the introduction of language support services, routine evaluations of culturally sensitive practices, and the promotion of collaboration between pharmacists, general practitioners, and other healthcare providers. Additionally, policy-level support and funding are necessary to institutionalize these practices within community pharmacy settings. These interventions are essential for improving the quality of dementia care for elderly

South Asian populations and ensuring that community pharmacies in the UK and perhaps beyond are equipped to meet diverse cultural needs.

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POS07-16 - Validation of Dementia Knowledge, Attitudes, and Confidence-in-Care Scales in Greek Sign Language: A Step Towards Inclusive Research

Tarsitsa Ntova[1], Ioanna Antigoni Aggelidou[2], Kiriaki Chatziavannidou[3], Marianna Tsatali[4], Birgit Teichman[2]
[1]Union of the Deaf of Northern Greece, [2]Heidelberg University, Network Aging Research, [3]Association of the Deaf of Northern Greece, [4]Greek Alzheimer's Association and Related Disorders

Introduction: Raising dementia awareness worldwide is a core objective of the *Global Action Plan on the Public Health Response to Dementia 2017–2025*. Existing research highlights that Deaf sign language users have limited access to dementia information in their mother tongue and often lack knowledge about the condition. This study forms part of the Erasmus+ project “De-Sign,” which aims to raise dementia awareness within Deaf communities across Europe. In order to evaluate the effectiveness of the dementia awareness program in the Greek Deaf community, validated tools are needed to measure Deaf people’s knowledge, attitudes, and confidence in dementia care. The Dementia Knowledge Assessment Scale (DKAS), Dementia Attitudes Scale (DAS), and Confidence in Dementia Scale (CODE) were selected for validation in Greek Sign Language (GSL) as the most appropriate instruments for this purpose.

Methods: A quantitative, cross-sectional study design is being applied to validate the three questionnaires in GSL. The study adheres to the EQUATOR network guidelines, following the *Strengthening the Reporting of Observational Studies in Epidemiology* (STROBE) checklist. A process of translation and back-translation, followed by peer review, was used to develop the final GSL versions, which were video-recorded by native GSL users. The questionnaires were uploaded to Google Forms and disseminated via Deaf Associations in Greece through social media, text messages, and emails. Eligible participants are Deaf individuals aged 18 and above who use GSL as their primary language.

Confirmatory Factor Analysis (CFA) will be conducted to assess the structural validity of DKAS-GSL and DAS-GSL. Cronbach's alpha will be used to measure internal consistency. Construct validity will be examined through known-group comparisons. Finally, item analysis will be performed to evaluate each question's difficulty level and ability to differentiate participants based on dementia knowledge.

Results: The results will be presented during the conference, as the study is ongoing.

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POS07-17 - "Adapting Nursing Home Environments: Insights from Workshops on Overcoming Barriers and Meeting Culture-Specific Needs of Residents with Dementia"

Annica Kihlgren, Lisa Spang, Margaretha Norell-Pejner
Örebro University

Background: Living with dementia in a foreign country and it becomes necessary to move to a nursing home, the person encounter staff who do not speak their language. The culture is not culturally appropriate to their needs. The purpose of this study was to explore opportunities and barriers in adapting the environment in nursing homes to meet culture-specific needs of older people with cognitive impairment and with different linguistic and cultural background.

Method: Five workshops were held, 10 managers and nurse assistants from ten nursing homes participated in the discussions which were tape recorded and analyzed by thematic analysis.

Result: The results show that the staff's and managers' perceptions of opportunities and barriers were in how the environment are designed and the quality of the care encounter, which can be divided into four themes; *Physical environment*, *Social environment*, *Communication* and *Staff*. Each theme describes in subthemes how the staff adapted to the environment and care encounter to meet the individual's needs. The subthemes reveal opportunities in using available media, technology, culture and pedagogy, but also the barriers that exist in meeting a person who loses their second language in a care environment that is not adapted to the person's linguistic and cultural background.

Conclusions: "This study suggests how more can be done within the nursing home environment to meet the needs of people with different linguistic and cultural backgrounds. To design the physical environment to be more diverse, different cultural symbols can be added, music can be played, food from different parts of the world can be offered, and spices and flowers reminiscent of different home countries can be grown in the garden.

Additionally, multilingual staff should be utilised, and staff understanding of how to interact with people from different cultures should be increased."

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POS07-18 - Increasing dementia research participation in people from South Asian backgrounds.

Sharon Boulter[1], Sharon Boulter[1], Ashley Minchin[2], Sania Rehamn[1]
[1]Alzheimer's Society, [2]Join Dementia Research/ National Institute of Heath Research

Approximately 25,000 people from ethnically minoritised communities live with dementia in the UK. The largest single group affected is people from South Asian backgrounds who continue to be massively underrepresented in dementia research participation.
Action needs to be taken to increase more volunteers from South Asian communities to take part in vital dementia research; to ensure that fairer health and social care systems exist and that medications and treatments are developed that are suitable for all.
For this reason, Alzheimer's Society and Join Dementia Research have been working collaboratively to address the issue. This partnership has also included using the expertise of Team Sahara, a dementia support service provided by Alzheimer's Society for people from South Asian communities.
Initially, 2 awareness raising webinars were delivered to openly explore misconceptions and to raise awareness of what is involved in research participation. Following this, a workshop was delivered for Team Sahara to increase their confidence in raising awareness of opportunities to participate in dementia research with the communities they serve.
The workshop identified barriers and highlighted the stigma that people from South Asian communities can face when receiving a diagnosis of dementia. It was identified in the workshop that Team Sahara would become 'dementia research champions', as they are culturally sensitive to the needs of the South Asian communities they work with and have built trust and respect within their communities. It was identified that discussions about participating in research

should take place in person with a leaflet to support the discussion. The bilingual (English and Urdu) leaflet has since been produced and distributed. The next steps are to build on this work by raising awareness in other geographic locations and exploring how this approach could be replicated with other underserved communities.

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POS07-20 - Use of telecare or other digital technology in family care for dementia in South Asian communities in England

Neil Chadborn
University of Nottingham

Digital technologies and web-based information are put forward as a solutions to support self-management and family care or to link to community and third sector services. However digital inequalities lead to people being excluded from accessing these solutions, particularly if they are members of migrant communities whose first language is not English, or they do not have younger generation carers (children or grandchildren). Published evidence shows a disparity in access to social care assessment for South Asian community, and our initial enquiries suggested a disparity for South Asian community in accessing telecare in England.

We have initiated a participatory approach to engage South Asian communities in England about memory and memory problems. Due to dementia stigma, we assume that many people in the community will have undiagnosed dementia. We are conducting a qualitative interview study with the aim of developing a future realist action research study. We are exploring people's experience of family care for older family members with memory problems or dementia, and exploring their use of digital technology. We will avoid selecting people on the basis of technology use but rather explore their care experience and from there explore use of 'readily available' technologies. Technologies that may be used include smart phone apps (eg positioning or reminders), smart speakers (for entertainment, reminiscence or communication), telecare pendant (alarm or positioning), doorbell cameras. Gaining an understanding of how families from diverse backgrounds use technology as part of their caring relationships and practices will set the foundation for future participatory design projects to develop new technologies and systems.

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POS07-21 - Inequalities in accessing care services and anti-dementia treatments among people with dementia: A rapid scoping review

Elisa Aguzzoli, Magdalena Walbaum, Martin Knapp
LSE

Background: Dementia is a leading cause of death among the older population. People with dementia require regular primary care visits, monitoring, and specialist support. People with dementia from ethnic minority groups face barriers in accessing adequate healthcare. Factors such as different conceptualisations of dementia, personal beliefs, and cultural backgrounds can influence attitudes to treatments, further increasing health inequalities with worse health outcomes. This research aims to explore and map the evidence on access and experiences within primary care services among people with dementia, along with treatment adherence patterns and medication preferences.

Methods: A rapid scoping review was conducted in October 2024 on OVID/Medline, EMBASE, and Google Scholar, with two separate searches on access to care and adherence to treatments. Eligibility criteria were peer-reviewed journal articles, published from 2010 onwards, focusing solely on people with dementia. Studies were assessed for quality. Data were synthesised narratively.

Results: Twenty-six articles were included. People with dementia from ethnic minority groups access diagnostic services later, are less likely to be prescribed and receive anti-dementia medications, and they have lower adherence rates compared to their White counterparts. Inequalities in accessing healthcare services and the quality of care received significantly influence access to anti-dementia treatments. Identified barriers to access and adherence to treatments include cultural factors, religious beliefs, viewing dementia as a normal part of ageing, stigma, limited language proficiency, inadequate facilities and services not tailored to the specific needs of minority ethnic groups.

Conclusions: This research highlights persistent inequalities among people with dementia from ethnic minority groups. More research is needed to address these issues and fully understand the factors influencing access to care services and medication adhering. Policymakers and researchers should emphasise the importance of designing and implementing culturally tailored interventions to reduce these persistent inequalities.

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POS07-22 - Dementia: Why My Story in different languages?

Tatjana Cvetko
Društvo Primorske spominčice

Background: The My Story booklet is intended for patients and relatives/carers as an aid in communication and patient care. Patients can write it down themselves or their relatives can fill it out together with them. In addition to the picture on the cover, the notes include information from the patient's life, about their birthplace, education, work, hobbies and their family, which can be an excellent starting point for chatting and reminiscing with the patient in the family, and it makes communication with patients easier even in a nursing home or during hospitalization in a hospital• As dementia progresses, language and multilingualism gain importance and influence care.

Aim: Besides improving communication with patients to bring the leaflet closer to the linguistic environment of the inhabitants of the region as we live in a multicultural environment where Slavic and romance languages meet, Slovenia between Croatia and Italy, Slovenian as official language, Italian as minority language, •Croatian – border area – •Port – large immigrant population from the former Yugoslavia

Methods: designing a prototype and the leaflet in 4 languages - with advice for its use in the home environment or institution•

Expected results: The leaflet is planned to be presented at lectures and training courses on communication with patients with dementia and in institutions.

The notes in the leaflet will facilitate communication with the patient, and periodic completion will enable assessment of the progression of the disease. Using the leaflet in multiple languages strengthens the cognitive abilities of patients as their caregivers and connects generations in one story, as it opens a view into the life story of a grandparents for their children and grandchildren. The pilot version was very well received by patients, therapists and relatives and the comments were considered in the final version.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-01 - Experiences of Dutch nursing home staff with compassion fatigue and compassion satisfaction

Ylse van Dijk[1], Astrid Tuinman[2], Corne Roelen[1], Sarah Janus[1]
[1]University Medical Center Groningen, [2]University of Applied Sciences Windesheim

The emotional strain of providing daily care and maintaining close interactions with clients increases the risk of compassion fatigue in nursing home staff. Compassion satisfaction, the rewarding and positive side of showing compassion, can help counterbalance this risk. In addition to work-related factors, aspects of the care professionals' personal home situation may also contribute to compassion fatigue and compassion satisfaction.

This study aims to understand how nursing home staff experience compassion fatigue and compassion satisfaction, identify contributing factors at work and home and explore the personal strategies they use to prevent compassion fatigue. In this qualitative study, 16 semi-structured interviews were conducted between July and November 2023.

We included 6 certified nursing assistants, 5 licensed practical nurses and 5 registered nurses, working in different nursing home organizations in the Netherlands. Most of the participants' work-related feelings of compassion fatigue and compassion satisfaction were at client level. Specifically, the caregiving relationship and interactions with clients, as well as contact and collaboration with clients' families were seen as contributors to both. Work-related compassion fatigue and compassion satisfaction were also reported at personal-, team-, management- and systems level, although to a lesser extent. Home-related feelings of compassion fatigue and compassion satisfaction were influenced by participants' caregiving responsibilities, including caring for their children, grandchildren, parents, other family members or friends. The home-related factors affected the participants' work environment, while the work-related factors, in turn, impacted their home lives.

Personal strategies to prevent compassion fatigue included stress relief practices, self-care and reflection, personal empowerment and seeking (professional) help. Future research should further explore how the interplay between home and work factors is influencing the development of both compassion fatigue and compassion satisfaction. We recommend nursing homes to focus on factors contributing to compassion satisfaction and the identified strategies to prevent compassion fatigue.

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People - Care work force

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POS08-02 - An Evaluation of a Continuing Professional Development Short Course for Allied Health Professionals on the Right to Rehabilitation in Dementia: A Mixed Methods Study.

Fiona Maclean[1], Ciara Ryan[1], Stephanie Valentin[1], Julia Sterman[2], Elaine Hunter[3], Alison Porter-Armstrong[1]
[1]Edinburgh Napier University, [2]Australian Catholic University, [3]Alzheimer Scotland

Introduction: Allied Health Profession (AHP) led rehabilitation supports people living with dementia to live a positive life for longer. However, services can be difficult for people with dementia, their families, and caregivers to access. Where services do exist, AHPs can report feeling underprepared when working with people with dementia, leading to a lack of confidence, signaling a need for ongoing AHP education.

Aim and Objectives: This study aimed to evaluate an innovative continuing professional development (CPD) short course, designed to enhance AHPs' knowledge of rehabilitation in dementia. Specifically, to identify the usefulness of course content, including how knowledge gained could influence future practice.

Method: A mixed methods evaluation of this CPD course was undertaken and participants included 23 AHPs (Occupational Therapists n=12, Physiotherapists n=10, Speech and Language Therapists n=1). A questionnaire was used to determine their perspectives on a rights-based approach to dementia, including personal confidence in applying course content to practice. Focus groups were conducted to evaluate perceptions of knowledge gained including application to practice. Quantitative data were summarized using descriptive statistics and qualitative data analysed using thematic analysis.

Findings: Course content was highly valued, particularly its emphasis on building AHPs' research capability and capacity in dementia. While all participants agreed people with dementia should have the right to rehabilitation, responses varied regarding how the concept of "no rehab potential" could influence practice. The involvement of people with lived experience of dementia was especially valued, prompting participants to critically reflect on current service delivery.

Conclusion: Participants valued the opportunity to access CPD learning, including discussion of, and evidence to support, the role of AHP-led rehabilitation in dementia. There is a need however to explore further AHPs' perspectives on use of the term "no rehab potential", and its implications for a person's right to access rehabilitation services across practice environments.

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People - Care work force

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POS08-03 - Evaluation of a dementia awareness game for allied health students in United Kingdom and Ireland: a Pre-/Post-Test study

Elizabeth Henderson[1], Tara Anderson[1], Gary Mitchell[1], Tommy Dickson[2], Jane Murray[3], Mark Jayes[4], Stephanie Craig[5], Patrick Stark[5], Heather Barry[5], Elaine Nelson[6], Glenda Cooke[7], Rebecca Townsend[8], Dympna Tuohy[9], Ellie Lynch[10], Laura Brown[11], Christine WIlson Brown[5]
[1]School of Nursing and Midwifery, Queen's University Belfast, [2]Kings College London, [3]Northumbria University, [4]Manchester Metropolitan University, [5]QUEENS UNIVERSITY BELFAST, [6]Southern Health and Social Care Trust, [7]University of Northumbria, [8]Newcastle University, [9]University of Limerick, [10]University of Galway, [11]Machester University

Due to dementia's progressive nature, it impacts individuals, families, and society, necessitating person-centred care delivered by multidisciplinary teams. Education for allied health professional students is vital for fostering effective dementia care. Innovative methods like serious games have shown promise in enhancing understanding and attitudes toward dementia. This study evaluates the effectiveness of a co-designed digital serious game, The Dementia Game (www.dementiagame.com), in improving attitudes among allied health professional students in the UK and Ireland.

Using a pre-/post-test design, participants completed the validated Attitudes to Dementia Questionnaire (ADQ) before and after engaging with the game over 14 months (2023–2024). The ADQ measures attitudes across two subscales: hopefulness and person-centredness. A total of 196 students from disciplines including Nursing, Speech and Language Therapy, Pharmacy, Dietetics, Social Work, and Medicine participated.

Results showed significant improvements in overall ADQ scores post-intervention (M = 3.70, 95% CI [4.33, 3.08], t(195) = 11.66, p < .001), with a large effect size (d = 0.83). Both

subscales—hopefulness and person-centredness—demonstrated statistically significant increases.

This study highlights the potential of serious games as effective educational tools for promoting dementia awareness and person-centred attitudes among healthcare students. Integrating such innovative interventions with traditional teaching methods can accommodate diverse learning styles and enhance understanding of dementia care. These findings underscore the importance of adopting targeted educational strategies to prepare future healthcare professionals for compassionate dementia care delivery across diverse settings.

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People - Care work force

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POS08-05 - Getting past the gatekeepers to recruit to research: Results of a pilot of an online learning resource for health care staff

Karen Harrison-Dening[1], Emma Wolverson[1], Madeleine Walpert[1], Amy Pepper[2], Jess Millward[3]
[1]Dementia UK, [2]HC-One, [3]NIHR, JDR

The number of people diagnosed with dementia is increasing globally, however it is estimated that only 2% are engaged in dementia research. This may partly be due to a lack of confidence among health and care professionals to discuss research opportunities, an issue that is especially important now with the recent rise of trials exploring disease-modifying treatments.

To support clinicians in having research conversations with patients and families, a four-module e-learning course including interactive and scenario-based learning was piloted with specialist dementia nurses. The aim was to increase research awareness and confidence to discuss research with people with dementia and their families.

The evaluation focused on the following questions: 1) Does the course increase nurses' confidence in discussing research with people with dementia and their families? 2) Does completion of the course lead to more referrals from nurses to the Join Dementia Research register?

The pilot was evaluated using Kirkpatrick's Model, consisting of four levels: reaction (level 1), learning (level 2). behaviour change (level 3) and impact (level 4). Both quantitative and qualitative approaches were used.

Twenty-one participants completed the course. Their feedback (level 1) was positive using free comments on content and format. Confidence (level 2) was rated pre- and

post-course completion, and Wilcoxon signed-rank test showed a statistically significant ($z=-4.01$, $p<.001$) increase in nurses' self-rated confidence to undertake conversations after the course. Behaviour change (level 3) and impact (level 4) results show promise in these early stages but require longitudinal study.

Overall, the pilot study showed positive outcomes, particularly in increasing nurses' confidence to discuss research. The use of scenarios and case studies helped to translate learning into clinical practice and patient outcomes, emphasizing the importance of self-confidence in professional interventions. This approach could be adapted across other health and care disciplines.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-06 - Unspoken voices: The emotional realities of the dementia journey through the eyes of care partners, developed in partnership with Féileacán Bán

Edel Carey[1], Carer Support Network Group Féileacán Bán[2]
[1]Health Service Executive, [2]HSE

Féileacán Bán collaborates with established carer support network groups, supported by the RCSI clinical bursary award, to co-design and create a book that addresses the frustrations and emotional journey of family care partners of older people living with dementia, who often feel unheard.

The book titled Féileacán Bán: Capturing Insightful Memoirs showcases the dynamic Féileacán Bán service and provides education and support. It shares real-life insights from family members, offering guidance, comfort and understanding to others navigating similar experiences or emotional turmoil after a diagnosis.

A relational, person-centred, rights-based approach is essential in supporting families as they assist their loved ones (WHO, 2017; Gibb et al., 2019). Carcavilla et al. (2021) highlight this journey's impact on families, including stress, loneliness, and social isolation, indicating the necessity for innovative support systems.

Care partner quote:

"It's late at night when the world sleeps that you reflect. If I had this book at diagnosis, it would have eased my anxiety and fear. Contributing to this book has been therapeutic, by allowing me to put my emotional turmoil on paper. It has reduced my loneliness and taught me how to laugh again."

This collaborative partnership in developing the book addresses these needs, as highlighted by feedback, helping the community better understand the condition, offer more effective support, and reduce the stigma associated with a diagnosis.

With an ageing population, achieving policy goals like enhancing community care and supporting ageing-in-place (DoH, 2017) is crucial. We must remember that family care partners, often overlooked in community services, are at the forefront of care. *Féileacán Bán: Capturing Insightful Memoirs* empowers families to seek support, reassures them they are not alone, and serves as an access point to services, raising dementia awareness locally.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-08 - Barriers and Facilitators to provide post-diagnostic support in Australian Memory Clinics

Sladana Pavkovic[1], Lynette Goldberg[2], Jane Alty[2], Melissa Abela[2], Sharon Naismith[3], Perminder Sachdev[4], Lee-Fay Low[5]
[1]Serbian Association for Alzheimer Disease, [2]Wicking Dementia Research and Education Centre, University of Tasmania, [3]Sydney Medical School and Health Science, University of Sydney, [4]Centre for Healthy Brain Ageing and the Neuropsychiatric, University NSW, [5]Sydney Medical School, Ageing and Health, Sydney University

Introduction: Memory clinics are specialist assessment services for people experiencing cognitive symptoms or other changes which may indicate dementia. However, there is little information about the post-diagnostic support provided in memory clinics across Australia.

Aim: To explore current practices, desirable support and barriers and facilitators to provision of post-diagnostic support in MCs in Australia.

Methods: This is a cross-sectional qualitative exploratory study. Data was collected from health professionals through five focus groups (n = 22) and two expert panel meetings (n = 22) between October 2020 and November 2021 and from the interviews (n=30) on 13 people with dementia and 17 carers conducted between September 2021 and October 2022. Reflexive thematic analysis was undertaken.

Results: In general, post-diagnostic support in Australian Memory Clinics remains limited, typically involving referrals, prescriptions for anti-dementia medications, and the provision of written information about the diagnosis. Thematic analysis identified several barriers to effective support, including systemic shortcomings that hinder the provision of post-diagnostic care, the persistent stigma surrounding dementia that restricts life after

diagnosis, and the limited ability of some individuals to recognise or articulate their own needs.

Facilitators of support included the critical role of families and friends and the necessity of government funding to improve service delivery. Participants also provided valuable insight into the types of support they require. These included the need for a consistent point of contact to guide and coordinate care, access to Cognitive Stimulation Therapy, counselling, and education within Memory Clinics, support in managing driving-related concerns, and the delivery of information that is both engaging and tailored to individual needs.

Conclusion: Memory clinics currently do not provide desirable post-diagnostic support. People with dementia and care partners relay on family support. Structural changes associated with Australian government investment are required to improve support for people with dementia and care partners.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-12 - Facilitating confident conversations about dementia research

Emma Law[1], Jacqueline Kerr[1], Alison McKean[2]
[1]Neuroprogressive and Dementia Network, [2]Alzheimer Scotland

Our presentation covers the progression of our educational programme called confident conversations in dementia research for staff working with people with dementia or their carers.

The Neuroprogressive and Dementia Network (NDN) in Scotland in conjunction with Alzheimer Scotland believe that the people best able to talk to someone about research are those with the best relationship with that person. Our programme gives people the confidence to have these conversations.

Phase one concentrated on the link workers and dementia advisors employed by Alzheimer Scotland which was presented in poster form at Alzheimer Europe in Geneva in 2024.

Phase two expands on this but will include a wider group of staff working both in Alzheimer Scotland and in the NHS, plus anyone who is working with this group who do not fit into either of these staff groups.

We will outline the updated support programme including the work book which attendees can take away with them, videos from the NDN Partners in Research patient and public involvement group talking about their experiences of research involvement, a postcard which acts as an aide memoire to the support, how to link to local researchers in academia and the NHS, and links to current research findings. The overall outcome is to gain new knowledge about research and how to give people a toolkit of ideas to talk to people about how they could become involved.

In Phase two we have teamed with Alzheimer Scotland to be included in their strategic aims for research through their website and educational programme. This has been guided by the staff feedback from both the training events and through follow up of how the staff have implemented their learning.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-13 - Research Priorities and Participation in Scottish Care Homes

Sara Hassane[1], Abdelrahman Hassane[1], Emma Law[2], Rosalie Ashworth[2], Susan Shenkin[1]

[1]The University of Edinburgh, [2]ENRICH Scotland

Background/Aims: Understanding of research opportunities available to care homes is a field with limited knowledge and exploration. ENRICH Scotland has carried out a third survey of care home managers describing their experience of research and the wider landscape of ENRICH has aimed to support marginalised communities in care homes. This project aims to describe the motivating and limiting factors for research participation and priorities within Scottish care homes.

Methods: The 21-item questionnaire was distributed to Scottish care homes. The first half explored care home demographics, and the latter half explored previous involvement in research, including two open-ended questions determining which factors influence the decision for a resident to take part in research and the type of research respondents would like to see in the future. Some questions allowed multiple responses to be selected.

Results: From 131 responses, 29.8% of care homes surveyed have chosen not to take part in research and 16% have not been offered any research opportunities. From 631 responses, key factors that encouraged residents were altruistic, such as benefits for residents, 14.9%, and to help future generations, 12.2%. From 243 responses, however, an important barrier mentioned by 32.1% of respondents was that time constraints impact the ability to carry out care home research. From 124 responses, future research priorities illustrate that 25% of respondents would like to see research surrounding dementia and neuro-progressive diseases and 10.5% in activity and quality of life improvements.

Conclusion: Care home research requires involvement and consideration of multiple stakeholders: staff, researchers, families and residents. Furthermore, the survey responses exemplify that both staff and residents are open and encouraged to be involved in research.

However, effort has to be made to integrate research into a recurring activity that is time-efficient with regular feedback to promote the importance of any research carried out.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-14 - The development of empathy in healthcare students towards people with dementia: a longitudinal qualitative study

Yvonne Feeney, Stephanie Daley, Molly Hebditch
Brighton and Sussex Medical School

Empathy is associated with better patient relationships, reduced burnout, and recognition of personhood. It is a core characteristic expected in healthcare encounters. As the prevalence of dementia increases globally, healthcare professions must be equipped with the skills to provide empathetic care to people with dementia. However, empathy can decline in healthcare students during their educational years. This is a concern as people with dementia frequently report episodes of care that lack empathy. Therefore, an understanding of the factors that impact empathy in students towards people with dementia is needed to improve future educational approaches

Using grounded theory approaches, repeated semi-structured interviews took place in 2019 with 30 nursing (10), physiotherapy (10), and medical (10) students. A second interview was completed with 26 of those students eighteen months later. Data was analysed using constant comparison techniques to understand the factors that impacted empathy over time.

Four main categories impacted empathy development. These were moral values and principles, the impact from clinical exposure, shifting ideals, and the impact on emotional self-efficacy. While empathy was viewed as a professional duty, during clinical exposure, students reported mixed experiences about the reality of empathy in practice. Connecting with people with dementia was challenged by difficulties communicating and understanding their lived experiences. This was exacerbated by a lack of resources and a lack of time. Positive and negative cultural experiences during placement led to a shift in ideals and impacted emotional self-efficacy and this influenced students' capacity for empathy.

Environments that promote empathetic practice during clinical placement could impact the development of empathy in undergraduate healthcare education more widely. This study

highlights a need for educational design that focuses on the patient, the student, and the environment.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-15 - Managing complexity: The role of advanced practice nurses in caring for people with multiple health conditions

Madeleine Walpert[1], Phil Joddrell[1], Ryan Gray[1], Karen Harrison Dening[2], Emma Wolverson[1]
[1]Dementia UK, [2]Dementia

People living with dementia often face the added challenge of managing multiple health conditions (MHCs), with estimates suggesting that they are more than twice as likely to be living with MHCs compared to those without dementia. This group is at increased risk of poorer health outcomes, longer hospital stays, and higher rates of readmission. Advanced practice and specialist nurses, such as Admiral Nurses for dementia in the UK, provide tailored support and care management people with complex needs and their families. However, little is understood about exactly what strategies are used and how they adapt their care to support these individuals.

This review aimed to identify the care approaches used by advanced practice nurses across a range health conditions, focusing on interventions designed to address the specific challenges of MHC, with the goal of applying this learning to dementia care.

A scoping literature review was conducted, including grey literature. Inclusion criteria focused on studies involving MHCs and the intervention of advanced practice nurses. A total of 36 studies met the inclusion criteria, comprising primary research (n=20), case studies (n=5), and reviews (n=11). Most studies originated from high- or middle-income countries.

Four key themes emerged in terms of strategies used to support people with MHCs: personalised, patient-centred care; support for self-management and behaviour change; care coordination and system navigation; and patient and family education.

Although there are a range of interventions, the role of advanced practice nurses in managing MHCs remains poorly defined and inconsistently applied. A standardised

framework for specialist nurses is needed to ensure that effective, high-quality support can be delivered consistently and across different conditions and care settings for this growing, complex population.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-17 - Cuidar Mejor: analysing training needs on Alzheimer's disease in professional care

Desiree Piromalli, Maria Aurora Cañadas-Romero, Aina Masgoret, Laia Ortiz, Eva Marti
Pasqual Maragall Foundation

This research project, titled "Cuidar Mejor", focuses on analyzing the training needs of professional caregivers working with individuals diagnosed with Alzheimer's disease and other forms of dementia. The primary objective is to identify key gaps in knowledge, skills, and educational resources within this professional group, with the ultimate aim of designing a specialized, effective training product that responds to their real-world experiences and challenges. The study uses a mixed-methods approach that integrates both quantitative and qualitative techniques to provide a comprehensive understanding of caregivers' current competencies and perceived training needs. The quantitative component involves a structured survey administered to a representative sample of 200 professional caregivers, collecting data on sociodemographic profiles, work experience, specific knowledge of Alzheimer's disease, and self-perceived training gaps. The survey includes validated tools such as the Alzheimer's Disease Knowledge Scale (ADKS-S).

The qualitative component comprises in-depth interviews and focus groups with 50 selected caregivers. These methods explore more nuanced insights into the emotional, cognitive, and practical aspects of caregiving, enabling the identification of unmet needs and training preferences. Target participants include home-based caregivers, professionals from residential care centers and day-care facilities, and various levels of certified caregiving personnel (e.g., nursing assistants, geriatric aides).

The expected outcome of the project is the development of a structured training index tailored to the specific needs of Alzheimer's professional caregivers and validate it with a panel of persons with dementia (PwD). This product will serve as the foundation for future educational initiatives aimed at improving the quality of care for people with dementia, while also enhancing the professional development and confidence of caregivers. By combining

evidence-based tools with firsthand accounts from caregiving professionals, this study contributes to a more person-centered, needs-based model of caregiver training in dementia care.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-18 - The evolving role of speech and language therapists in the care pathway of people with Alzheimer's disease: insights from a national survey

Christine Tabuenca[1], Jeremy KOCICK RIGAUD[2]
[1]fondation mederic alzheimer, [2]FONDATION MEDERIC ALZHEIMER

Background: Speech and language therapists (SLTs) support people with dementia by addressing communication needs, preventing swallowing disorders, and enhancing quality of life. A national survey in 2011 revealed limited training and access to care. This follow-up study explores how SLT practices have evolved and identifies remaining barriers.

Methods: In 2024, a national survey was conducted in collaboration with the French Federation of Speech and Language Therapists (FNO) and Unadreo. A 31-item questionnaire, combining open and closed questions, was sent to 22,738 SLTs. The online survey ran from 18 January to 29 April 2024 and gathered 2,407 responses.

Results: Most respondents were women (97%), with a mean age of 45. Between September and December 2023, 73% reported working with people with dementia, with an average caseload of 14.7 individuals. However, 27% had received no referrals during that period. While 52% had pursued continuing education in dementia care, only half had received relevant training during their initial studies. Compared to 2011, the proportion of SLTs involved in dementia care and with access to specific training has increased. Key barriers remain lack of training, limited presence in memory clinics, and insufficient integration into multidisciplinary teams.

Conclusions: Since 2011, progress has been made in SLT involvement in dementia care, yet

disparities persist. Three priorities emerge: (1) strengthen dementia-focused content in initial and continuing training; (2) promote SLT roles within memory services; and (3) foster closer collaboration with multidisciplinary teams. These improvements would enhance the quality and coordination of care for people with dementia.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-19 - Practice Ready. A dementia skilled allied health professional workforce for Scotland

Elaine Hunter
Alzheimer Scotland

Education of the current and future care workforce is key to the transformational changes required to tackle stigma, promote inclusion, uphold rights and improve the experience and outcomes for people living with dementia and their care partners.

This presentation will share the findings and outcomes of a national scoping evaluation of dementia education for pre and post registration AHPs from the perspective of Higher Education Institutions (HEIs), allied health professionals and past AHP students concluding with an agreed strategic way forward to support a range of learning opportunities. (Alzheimer Scotland 2024)

We will share the methodology and outcomes of the evaluation including:

- Development of community visits, impact placements, and peer led brain health and dementia education sessions in Alzheimer Scotland
- Integrating social media to share educational opportunities led by the voice of lived experience
- AHP practice placements in collaboration the Scottish Dementia Working Group and National Dementia Carers Action Network.
- Results from a review of occupational therapy postgraduate MSc education (Alzheimer Scotland 2021) and an academic internship (Alzheimer Scotland 2023)
- A dementia education toolkit to support local HEIs incorporating a range of creative education initiatives

Working in partnership with our HEIs, AHPs and people with lived experience has offered us the opportunity to strategically embed dementia skills in pre and post registration AHP programmes for this workforce. Lessons learnt will be shared to enable other organisations

to consider this approach, sharing how we integrate the voice of lived experience in this workforce initiative.

Key to this collaborative approach, together we are building a future where dementia care is not just an aspect of AHP education – it is a core value embedded in the hearts and minds of every practitioner with the ultimate aim of better outcomes and experience in health and social care for people with lived experience.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-20 - The Group Dynamics of Interorganisational Dementia Care Learning Communities: Learnings from a Multiple Case Study

Leonie Copraij[1], Sandra Schruijer[2], Franka Bakker[3], Leontine Groen-van de Ven[3], Astrid Tuinman[3], Floris Tas[2], Simone de Bruin[3]
[1]Windesheim University of Applied Sciences, [2]Utrecht University, [3]Windesheim university of Applied Sciences

Background: Dementia care is undergoing a fundamental shift toward more psychosocial models that prioritize the lived experience, autonomy, and social inclusion of people with dementia. This calls for closer collaboration between research, education, and practice to drive innovation and support workforce development, as professionals must respond to increasingly complex support needs. Learning Communities (LCs) offer a promising model for such collaboration, bringing together diverse stakeholders to work, learn, and innovate across institutional boundaries. However, interorganizational and interprofessional collaboration is often challenging due to differing roles, interests, and identities. These differences can create relational tensions that hinder shared learning and progress. This study explores how such tensions manifest in dementia LCs, to better understand what supports or obstructs innovation.

Method: We investigated three dementia care LCs using a participatory action research approach. We qualitatively analysed data collected during the exploratory phase (Dec 2022-Dec 2023), using a systems-psychodynamic perspective. Data sources included observations of LC meetings, fieldnotes, 29 interviews, and three reflection sessions.

Results: This study highlights some dominant group dynamics within the LCs. Two LCs exhibited dependency dynamics, characterized by strong reliance on central figures for direction, which we related to disengagement and frustration. The third LC displayed fight-flight dynamics, wherein disagreement was avoided and potential conflict neutralized to

preserve group cohesion. These unconscious patterns limited open dialogue and hindered critical engagement with emerging issues.

Conclusions: Interorganizational and interprofessional collaboration in dementia care is shaped by tensions that often remain unspoken. Surfacing and making sense of these will evoke team learning and improve future performance. In the face of the ongoing shift toward psychosocial approaches, embracing these reflective practices is essential. They create space for difficult conversations to be embraced rather than avoided, allowing collaborative groups to become more resilient and effective in navigating the complexities of this evolving field.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-21 - A new INTERDEM Dementia Education and Training Taskforce: Creating a European Dementia Education and Training Framework.

Jacqueline Parkes[1], Chris Knifton[2], Anthony Scerri[3], Leah Macaden[4], Charles Scerri[3], Yvonne Feeney[5], Siomne de Bruin[6], Leonie Copraij[6], Stephanie Daley[5], Ulla Eloniemi-sulkava[7], Martina Roes[8], Catrin Jones[9], Franka Meiland[10], Alison Ward[11], Ozgul Uysal-Bozkir[12]

[1]The University of Northampton, [2]De Montfort University, [3]University of Malta, [4]University of Edinburgh, [5]Brighton and Sussex Medical School, [6]Windesheim University of Applied Sciences, [7]University of Eastern Finland, [8]German Center for Neurodegenetative Diseases (DZNE),, [9]University of Worcester, [10]Amsterdam University Medical Center, [11]Dementia UK, [12]Department of Older Adults and Health.

Education and competence-based standards for the health and social care dementia workforce vary across countries. Currently, there does not appear to be a European-wide Knowledge, Competencies, and Skills Framework, with associated training standards, which could underpin the effective psychosocial care and support of individuals impacted by cognitive decline. Limited research exists to evaluate the widespread application, impact or comparison of any European dementia education framework in improving the competences of health and social care professionals, students and researchers who are supporting people with dementia and family caregivers. This prompted the need for a new INTERDEM Taskforce to review current European educational provision, which was presented last year at the 34thAlzheimer Europe conference. The Taskforce set out the group's aim to scope existing educational provision and frameworks across Europe; design and identify the key components of programs i.e., content, effective delivery approaches, and assessment principles; and collaborate on new educational opportunities with a clear goal to develop guiding educational principles and strategies, which could look to underpin developing a European Dementia Education and Training Framework.

This presentation looks at our next steps, almost a year on. In particular, it will highlight the Taskforce's planned activities for Phase 1: Development Tasks (including collaborations with other INTERDEM taskforces and expert-by-experience groups in the development of a core European-wide dementia education framework); and Phase 2: Implementation Tasks (testing out, refining and dissemination of the framework, including evaluation and impact assessment projects).

We will also give a short overview of the taskforce membership, including a call out to those with an interest and expertise in dementia workforce education and from countries not yet part of our working group or underrepresented to join the Taskforce.

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People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-22 - Eating and drinking in dementia: training care home staff

Jeanette Hogg
Hospice Isle of Man

Quality Improvement Programme (QIP) identified that most of the eating and drinking related hospital admissions are from care homes, particularly at end stages of dementia.

Aims

- To reduce hospital admissions for eating and drinking related difficulties from care homes;
- To educate care home staff on all phases of eating and drinking, including end of life stages.

Methods

- Develop training package for care home staff. Training to cover: dysphagia; feeding strategies in dementia; feeding with acknowledged risk; mouth care; eating and drinking at end of life.
- Pilot training package in three care homes with highest hospital referrals.
- Training delivered by Speech and Language Therapist (SLT) and Admiral Nurse (AN).
- Feedback obtained through questionnaire at end of the session.
- Pilot amended following feedback before second round of training.

Results

- Four sessions piloted across three nursing homes. 66 staff trained: 50 health care assistants (Band 4) and 16 Registered Nurses (Band five and above)
- Noticeable difference between staff who are Band 4 and below and between staff who are Band 5 and above.

- Supporting a person living with dementia to eat and drink and feeding stages scored higher for Band 4 staff; Advance Care Plans and End of Life care scored higher for Band 5 and above, which may be down to the differing nature of the job roles.
- 94% felt training was very relevant to their roles.
- 92% felt much more competent applying the skills following the training.

Impact going forward

- *"The course gave good tips to encourage independence when eating".*
- *"Including Nutrition and hydration in Advance planning and end of life"*
- Addition of dietetics slides following feedback.
- Continue to deliver training to care homes.
- Development of resource pack for families.

Limitations

- Small sample sizes
- Small staff numbers

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People - Care work force

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POS08-23 - Collaborative Partners - The future of dementia care

Wendy Rankin-Smith, Bill Alexander
Alzheimer Scotland

Alzheimer Scotland's two member-led national active voice groups, the Scottish Dementia Working Group (SDWG) and the National Dementia Carers Action Network (NDCAN), are made-up of people with a diagnosis of dementia, carers, and former carers of people with dementia. The Groups campaign for the rights of people with dementia and carers to influence policy and practice at all levels and one of these priorities is contributing to workforce development.

Both groups have been collaborative partners with NHS Education for Scotland (NES) in developing the new and innovative NES Fundamentals of skilled practice in dementia 2-day in person training programme, specifically intended to support staff working with people with dementia who require increasing amounts of care and support across all care sectors. Members of the SDWG and NDCAN shared their lived experience to help staff to understand their perspective and to see the person, to see the family and friends not just a diagnosis of dementia. This should enable staff to understand the importance of tackling stigma, recognise inequalities, and understand how their practice can enhance the life of the person living with dementia and their carers.

Video recordings of the interviews with members of SDWG and NDCAN are a central component in the development and delivery of this new and innovative approach to ensure dementia education is effective. Supporting the focus on the practical application of learning and sustainable change in workforce, knowledge, attitudes and practice.

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POS08-24 - How Do Nursing Staff in Long-Term Care Facilities Experience Collaboration with the Family Members of People with Dementia?

Stefanie Zahner, Stephanie Kipfer, Frank Spichiger, Andrea Koppitz
Haute école de santé Fribourg

Background: Providing person-centred care for people with dementia involves working closely with family members, which can be challenging and demanding. There is extensive research on staff turnover, job satisfaction and how family members view their collaboration with nursing staff. However, there is limited information on how nursing staff experience and manage these factors in their everyday interactions with the family members of people with dementia. A part of our ERNA study, 'Improving Nursing Team Functioning for Person-Centred Care,' fills this gap by exploring the nursing staff's needs in fostering meaningful collaboration with family members.

Methods: Within our study, 97 nursing staff were interviewed with the aim of developing a family-based framework to support everyday person-centred care practices. The interview data was examined through an inductive content analysis to explore the nursing staff's experiences.

Findings: Nursing staff must balance the needs of people with dementia, their family members and the institutions they serve. This can create negative emotions, including fears about meeting family members' expectations for care as well as their own expectations. The nursing staff reported themselves as lacking communication skills and facing insecurities about interacting with and supporting family members. They also highlighted peer support,

management support, skills training adapted to grade, role clarity, contextual guidance and recognition of care as useful elements for collaboration with family members.

Conclusion: It is essential to facilitate a rapid shift in perspective, accompanied by a disengagement from the prevailing notions on person-centred care. Nursing staff must share their experiences to learn how to balance the needs and expectations of those caring for a person with dementia. They should also improve their collaboration with family members and learn to value their efforts.

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People - Care work force

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POS08-25 - Co-creating and evaluating an E-Learning course on dementia for health and welfare students in vocational education (MBO)

Channah Osinga[1], Anne Marie Vaalburg[2], Rose-Marie Dröes[2], Robbert Gobbens[2], Sietske Sikkes Sikkes[2]
[1]Vrije Universiteit Amsterdam, [2]

Introduction: There is a pressing need to better prepare secondary vocational students (MBO) in the Netherlands for working with people with dementia. This group forms a vital part of the future healthcare and social care workforce, yet dementia education is inconsistently integrated into their training. To address this gap, we adapted STAR Online, an evidence-based e-learning originally developed for caregivers, volunteers, and professionals. Prior evaluations of STAR Online showed significant improvements in empathy and attitudes toward people with dementia. Our aim was to co-create STAR Online tailored to the needs and context of MBO students.

Methods: We used a participatory design approach. Two working groups were conducted with students in nursing, social work, and care, and their teachers. We explored current dementia education practices, reviewed existing e-learnings, and gathered input on needs of the target group. Usability testing will take place in Spring 2025. A cluster-randomized evaluation is planned for September 2025 (N=280 students, 140 per condition). Effects will be measured pre- and post-intervention on dementia knowledge, empathy, attitudes, and stigma.

Results: The working groups highlighted the need for training on psychosocial dementia care, especially managing misunderstood behavior and collaborating with informal care, as more people with dementia live at home longer. Furthermore, stakeholders emphasized that the language level should suit the target group, and the content should be visually appealing, engaging, and encourage active learning. Based on these insights, the content was simplified to B1 level, and modules shortened. The adapted e-learning now includes seven modules, covering topics like “What is Dementia,” “Practical Difficulties,”

"Psychosocial Support," "Role of Informal Caregivers," and "Legal Frameworks." Interactive elements like assignments, quizzes, and illustrations foster active learning.

Conclusion: The adapted STAR Online aligns closely with these needs and holds strong potential to improve dementia competence in vocational students, supporting person-centered care.

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POS08-26 - Preparing future dementia care leaders: Postgraduate Education in the UK

Laura Cole[1], Snorri Rafnsson[2], Federica D'Andrea[3], Emma Ferguson-Coleman[3], Juanita Hoe[3]
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With increasing numbers of people living with dementia, globally, the need for informed, effective and competent dementia workforces and leaders has never been more crucial. Advanced multi-disciplinary workers are looking for continued professional development in dementia, to develop specialist knowledge and leadership skills; however limited higher educational institutes provide opportunities in a flexible and supportive learning environment. Academics from the Geller Institute of Ageing and Memory (GIAM) designed the new University of West London (UK) Dementia Studies programme to be contemporary, innovative, flexible and inclusive, reflecting the diverse needs of students and employers. Guided by a student-centred approach, and with support from the course steering group (people living with dementia, family carers, students, employers, practitioners), the team developed an innovative curriculum based on six, six-week core modules, and a year-long dissertation module.

The curriculum includes a week of intensive teaching, and sessions/workshops to strengthen student learning, allowing for further discussion and reflections. Authentic module assessments (e.g. presenting a ‘dragon’s den’ type pitch for an innovative approach) are designed to reflect activities and skills required, in the ‘real world’, by practitioners and professionals in dementia care, and allow students to be creative and demonstrate a range of academic skills which accommodates for diverse learning needs.

Modules are standalone, and as continued professional development courses allow students to address gaps in their knowledge or undertake a ‘taster’ course before

embarking on one of three postgraduate awards. Feedback from applicants and students suggest the new innovative structure for module and curriculum delivery is preferred. Student opportunities to access learning and progress their studies are improved, allowing students to reach their true potential. Further development and future work will also be discussed to ensure the dementia studies programme remains contemporary and continues to promote the development of future global workforces and leaders in dementia.

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06/10/2025 to 08/10/2025

People - Care work force

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-27 - Developing a County-Wide (UK) Dementia Education and Training Knowledge and Skills Framework.

Jacqueline Parkes[1], Claire Davies[2], Natasha Bayes[2]
[1]The University of Northampton, [2]University of Northampton

The development of a Northamptonshire Dementia Knowledge and Skills Education and Training Framework will be presented.

Providing health and social care staff with the appropriate level of knowledge and skill development for them to undertake their role is essential. However, despite the existence of a National Knowledge and Skills Framework there is limited evidence as to the availability of dementia education and training across the County. The University of Northampton (UON) Dementia Research and Innovation Centre (NDRIC) developed an online Survey to 'capture' the current training landscape so partners could collaboratively develop a Northamptonshire Dementia Knowledge and Skills Education and Training Framework. The survey results were presented to an external expert panel in May 2024. The initial findings indicated an inconsistent picture of available dementia training around the county. The outcome of the workshop was to agree to the development of a County-wide Dementia Education Knowledge and Skills Framework. Based on the unanimous agreement to develop the Framework, a second onsite workshop (July 2024) explored the content of the Tiers of training in more detail, using the National Knowledge and Skills Framework to underpin this discussion; and the appropriateness of key personnel for delivering each level of training.

Having completed the initial 3 phases of the overall project over the Spring/Summer 2024, the second phase of the project (Feb-July 2025) funded by UON, has reviewed the current theoretical evidence for similar dementia frameworks; engaged with key external stakeholders and University personnel in a series of consultation workshops to confirm the content material and delivery format for the training at Tiers 1-4, agree the overall programme delivery structure, identify appropriate teaching expertise and/or organisations to deliver each Tier, identify potential funding sources for delivering the full framework, and produce

resources to support the future implementation and evaluation of the Northamptonshire Framework.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-07 - Because we're human too: Dementia training for the UK care workforce

Becky Robinson, Hayley Hogan, Emily Hindle, Ashton Fitzell, Jo Baxter
Alzheimer's Society

Background: Current modelling estimates 70% of UK care home residents have dementia, with an additional 106,000 people with dementia predicted to be in care homes by 2040. Numbers drawing on home care are also expected to rise by 43%. This growing prevalence presents an undeniable challenge for social care, but despite this, current figures estimate only 29% of care workers in England had dementia training in 2024.

Methodology: A literature review identified 119 studies from abstract screening, 41 were excluded, 78 were included in the review. Lived experience insights were provided by Alzheimer's Society's Health & Social Care Steering Group. An expert researcher roundtable event was held including peer review of the report before publication.

Results: Quality dementia training offers benefits to people with dementia and their unpaid carers, direct care staff, care providers and the wider system. The two best practice examples provided, NIDUS-Professional and WHELD, are cost effective training interventions and deliver significant improvements to care.

Discussion: Alzheimer's Society developed five key principles for implementation of high-quality dementia training within social care: 1. Evidence informed training design: Underpinned by evidence, represents lived experience, evaluated. 2. Effective delivery method: Use a combination of delivery methods including a skilled facilitator and group learning. 3. Inclusive digital learning: Consider digital accessibility and skills. 4. Support and accessibility: Live interactive support is essential, training should be relevant and realistic to the trainees, considering cultural backgrounds. 5. Strong leadership: Vital for sustained

impact and to embed an organisational culture that fosters learning, dementia champions can enable this.

Policy Implications: Alzheimer's Society's five principles support our call for mandatory high quality dementia training for UK care workers. The report has informed influencing activity across England, Wales and Northern Ireland. Strategic Evidence are working to address evidence gaps identified to further strengthen policy development.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-10 - Wearing a bra or not: practices for assisting older women with dementia with intimate dressing, in nursing homes

Anca-Cristina Sterie[1], Fanny Bovey[2], Anne-Sylvie Horlacher[3], Laura Jones[2]
[1]lausanne university hospital, [2]Lausanne University Hospital, [3]University of Neuchâtel

Purpose of the research: When provided with appropriate opportunities, people with neurocognitive disorders such as dementia are able to display agency and engage in social citizenship. In this study, we examine how older women with advanced dementia living in nursing homes navigate choices regarding intimate clothing–specifically whether or not to wear a bra. With an interactionist approach, we explore how healthcare professionals assess the persons' capacity to make choices, orient to their validity and display their own role in steering choices.

Methods: Data were collected during an exploratory study (2023-2024) in Switzerland, comprising 5 days of ethnographic observations and 31 audio/video recordings of naturally occurring interactions between older women with advanced dementia and nursing home professionals. Micro-ethnography allows us to show how representations about bra-wearing are performed and negotiated concretely in daily interactions, through verbal and non-verbal resources.

Findings: Beyond cognitive impairment and age, bra-wearing holds strong personal, social, and symbolic significance. In our data, female residents make active choices about putting on a bra or not. However, in the context of dementia, such ‘intimate choices’ are constrained by external factors, such as family and health professionals' values and representations about women who should/don’t wear a bra. In nursing homes, a residents’ agency and autonomy in daily choices is

often promoted by health professionals. In these situations, wearing a bra is interdependent of all parties and requires mutual understanding, cooperation and coordination.

Conclusion: Carers have an important role in promoting the citizenship of people with dementia via encouraging and supporting their agency. This is all the more important when it comes to choices that relate to the person's intimate sphere, such as intimate clothing. Observing the interactions around this object shows how agency is expressed and taken up, how "micro choices" are made, and how "understanding" is constructed.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 10:00-17:30 - POS08. Care work force

POS08-16 - Embedding the voice of lived experience in the delivery of allied health professional (AHP) continuing professional development in dementia.

Scottish Dementia Working Group (SDWG) National Dementia Carers Action Network (NDCAN)[1], Fiona Maclean[2], Elaine Hunter[3]
[1]SDWG / NDCAN, [2]Edinburgh Napier University, [3]Alzheimer Scotland

Introduction: The importance of shared learning in partnership with people with dementia is a key principle which should guide the development of educational initiatives for the care workforce in this field. Embedding the voice of lived experience in education can act as a powerful conduit through which to influence change. Specifically, to enhance and reshape the nature of design and delivery of services for people with dementia, their families and caregivers.

Rationale: The right to rehabilitation in dementia is understood to be an important approach through which people living with dementia can live positive lives for longer. However, knowledge gaps including a lack of confidence in working alongside people with dementia, are known to exist in the allied health professions (AHP). In response, a two-day continuing professional development (CPD) short course was developed in Scotland in partnership with Edinburgh Napier University, Alzheimer Scotland, the Scottish Dementia Working Group (SDWG) and the National Dementia Carers Action Network (NDCAN).

Approach: Educational content connected to this CPD course was developed in partnership with members of the SDWG and NDCAN. Including a plenary workshop which seeks to address what it is the voice of lived experience would like AHPs to know and understand when working with, and alongside, people with dementia, their families and caregivers in practice.

Implications: Including members of the SDWG and NDCAN in the design and implementation of learning and teaching has had a powerful impact on those AHPs who have participated in this course. Including how course participants view and understand the experiences of existing AHP-led rehabilitation, through the lens of those who live with or support a person with dementia. This CPD course therefore represents a unique educational opportunity to translate and promote the evidence-base supporting AHP-led rehabilitation into practice, whilst maintaining a core emphasis on lived experience.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-13 - Working with the Standard of Care and Support for Dementia

Marieke van Werkhoven[1], Tjitske Binkhorst[2], Tara Koenders[3]
[1]Zorgstandaard Dementie/Dementia Care Standard, [2]Dementie Netwerk Nederland/Dutch Dementia Network, [3]Vilans

The Dutch standard of Dementia Care (2020) outlines the optimal support and care for people with dementia, their family and informal caregivers. Over 20 national organizations have signed this standard, which is registered with the National Health Care Institute.

The standard is unique as it not only focuses on care but also well-being and the collaboration between all caregivers and other professionals, operating in both the care, medical and social domains. According to the standard, the central caregiver is the dementia case manager, a specialized role involved from the phase where there is only the suspicion of dementia (and no diagnosis yet) through to dead or transition to a nursing home. Regional dementia networks, which include care and welfare organizations, professionals, municipalities, and representatives of the Alzheimer's organization, are responsible for organizing coherent support and care.

In 2023, a national implementation program was launched, aiming to ensure that all 65 regional dementia networks work according to this standard of care. The program extends over several years and includes three key activities:

1. Development of a tool for assessing how networks align with the 25 recommendations (Self-Scan).

2. Facilitating the spread and exchange of knowledge across regional networks and coordinators on topics related to the standard.

3. Providing funding to regional networks for projects that enhance their approach tot the topics of the Care Standard.

We would like to share our experiences -both successes and challenges- in implementing this standard of care.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-14 - Regional Dementia Networks and casemanagement for people with dementia and their family

Tjitske Binkhorst[1], Marieke van Werkhoven[2], Tara Koenders[3]
[1]Dutch Dementia Network, [2]Zorgstandaard Dementie/Dementia Care Standard, [3]Vilans

In the Netherlands, there are 65 regional networks focused on dementia care and support. These networks consist of care and welfare organizations, professionals, municipalities and representatives from the Alzheimer's organization. Together, these stakeholders work to provide coordinated, coherent support and care for people with dementie and their families.

A central figure in this system is the dementia case manager. This specialized professional plays a key role in supporting both the person with dementia and their informal caregivers. Research shows that case management is cost-effective and helps reduce the workload of other professionals involved in dementia care.

What makes the Dutch system particularly unique is that the dementia case manager is involved from the stage when dementia is suspected through tot the eind of life or transition to a nursing home. In most cases, the same case manager coordinates the support and care throughout the dementie journey. This holistic approach focuses not only on medical care but also on the well-being of the person with dementia and their family. It requires clos cooperation between all professionals involved in the dementie journey and development of joint processes.

Each regional dementia network is responsible for organizing case management within ites area. While the networks approach this responsibility in different ways, they all start by focusing on the needs of the individual with dementia and their family. The case manager operates independently and works to connect available resources in the region to meet these needs.

In this presentation, we will share some successful examples of how regional networks organize dementia case management and the role of the regional network in providing case management.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-05 - Preventing dementia in the Nordics

Grete Kjelvik[1], Pia Nevala Westman[2], Anne Marie Mork Rokstad[3], Geir Selbæk[3]
[1]The Norwegian National Centre for Ageing and Health, [2]The Nordic Welfare Centre, [3]The Norwegian National Centre for Ageing and Health, Vestfold Hospital Trust

Background: An increasing number of people are at risk of developing dementia and other chronic diseases, which is a major challenge both to individuals and to the Nordic society and healthcare systems. At the same time, new evidence on healthy lifestyle shows that other preventive measures pose a great opportunity to reduce the dementia risk. The objectives of the project “Preventing dementia in the Nordics” were to map and examine dementia prevention in the Nordic countries, highlighting current policies, practices, and opportunities for improvement.

Method: Data were collected from literature, interviews, and expert discussions, offering a comprehensive review of Nordic efforts. National initiatives and local measures, often led by municipalities or voluntary organizations, were summarized.

Results: Dementia prevention requires a holistic, life-course approach, integrating strategies with broader efforts to prevent other non-communicable diseases (NCDs). Key areas for improvement include expanding awareness and developing comprehensive municipal plans. The report stresses the importance of continued Nordic-Baltic cooperation to share knowledge and enhance dementia-prevention efforts. It also recommends integrating dementia prevention into existing NCD prevention frameworks, as heart-healthy practices often benefit brain health.

Conclusion: The Nordic region shows progress in implementing measures of dementia prevention but lacks a full systematic strategy. Strengthening national and local efforts, addressing inequalities, and embracing a holistic perspective could enhance the

effectiveness of dementia prevention across the Nordics. The results were published in the publication “Dementia prevention in the Nordics”.

Grete Kjelvik[1], Pia Nevala Westman[2], Anne Marie Mork Rokstad[1,3] and Geir Selbæk[1,4,5].

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-09 - Devoloping knowledge and suitable treatment interventions for people with dementie and very severe problem behavior

Barbara Wijnand, Ate Frans de Bruin
Kennisnetwerk D-zep

The government identified a lack of policy on knowledge development for the population of people with dementia and very severe problem behavior. This group creates significant challenges for healthcare professionals and caregivers. Aggression, disruptive restlessness, and shouting behavior lead to destabilizing situations in nursing homes. It concerns individuals with dementia residing in nursing homes where all existing treatments and interventions have been deployed, yet they still seem untreatable. These are people whose safety or that of others is at risk, and where there is a high level of suffering for both patients and their loved ones. This involves approximately 800 individuals annually in the Netherlands. This requires solutions outside the regular guidelines.

In recent years, a network has founded in the Netherlands specifically focusing on policy development for the concentration of this target group to stimulate knowledge development and treatment interventions.

The **Knowledge Network D-zep** includes 14 centres of expertise where both temporary admissions and consultation and advice in regular living environment are provided. Additionally, the netwerk initiates and promotes knowledge development.
The Scientific Advisory Council of the D-zep Knowledge Centre has developed a Knowledge Agenda, and five scientific studies are currently being conducted with research institutes.

The care and treatment at these expertise centres have a separate indication and funding, established in close collaboration with the government and insurers. This ensures access to complex specialist care and treatment for this population.

This presentation will profile the target group and zoom in on how the Knowledge Network emerged through effective collaboration with the government, expertise centres, insurers, professionals, scientists, and loved ones. In doing so, the Knowledge Network plays a crucial role in the dementia care chain in the Netherlands.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-15 - Three-Year Outcomes of a Rapid Access Pathway for Community-Based People with Dementia Case-Finding and Care Delivery at Taipei City Hospital

Hsiu-Chen Shih[1], Renn-Shiuan Wei[2], Shu-Nu Shen[3]
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Background: In 2020, the Zhongshan District Health Service Center in Taipei City launched a dementia-friendly community initiative to improve access to timely care for people with dementia (PwD). In response, Taipei City Hospital developed a Rapid Access Pathway (RAP) to accelerate case-finding and facilitate linkage to care services.

Methods: At the municipal level, suspected cases facing barriers to medical care were reported by PwD network working task force under the Health and Social Affairs Bureau. At the hospital level, we collaborated with senior adult service centers, social welfare organizations, and community leaders to identify individuals requiring intervention. Those willing to attend appointments were offered expedited access to our hospital-based memory outpatient clinic. To address barriers to care, a multidisciplinary outreach team—comprising a neurologist or psychiatrist, a clinical psychologist, and a long-term care case manager—conducted home visits for individuals unable or unwilling to attend appointments independently. These visits were conducted in collaboration with community nurses, social workers, and local leaders to provide timely diagnosis and care linkage.

Results: Over three years, 78 community-dwelling PwD were served. Of these, 90% accessed care through referrals from community partners, while 10% required home visits by the outreach team. Before implementing the RAP, establishing a diagnosis and initiating long-term care services typically required four outpatient visits over four weeks. With the RAP, this process was streamlined just to 2 visits within 1 to 2 weeks if adequate documentation was

provided. In recognition of its innovative service delivery, this model was nominated for a Government Service Award in 2025.

Conclusion: The Rapid Access Pathway model demonstrates a successful community-integrated approach for rapid detection and care linkage in PwD. It highlights the value of community-hospital collaboration can address access barriers and promote early intervention.

Keywords: Care coordination, Case-finding, Long-term care, Outreach, People with dementia, Rapid Access Pathway

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-01 - Evaluating and updating the state level dementia strategy in Rhineland-Palatinate (Germany): a participatory research approach

Martina Roes[1], Anna Louise Hoffmann-Hoffrichter[2], Ilka von Eynern[3], Dr. Carolin Holtkamp[4]
[1]DZNE e.V., [2]DZNE, [3]Zebralog, [4]zebralog

Background: In 2003, the German state Rhineland-Palatinate published their 1st dementia strategy to improve the quality of life for people living with dementia and their caregivers. In 2013, this dementia strategy was evaluated, and new recommendations were developed. 10 years later, a systematic evaluation was again initiated to assess the recommendations implementation and develop recommendations for its revision. Our study (EvalDem-RLP) was funded by the MASTD and supported by the Landesfachstelle Demenz Rhineland-Palatinate.

Method: The evaluation employed a two-step approach. First, a two-phase online survey was conducted to analyze the implementation status of the 2013 dementia strategy. Second, expert interviews were conducted with a variation of stakeholders (e.g. caregivers) to explore steps to improve the living situation of people living with dementia and their caregivers. The evaluation was followed by a participatory approach that was used to discuss the evaluation findings and co-create recommendations. People living with dementia, family caregivers and professionals representing different disciplines and functions in health care and health policy were actively involved in six workshops. Each step of the project was discussed with the scientific dialog committee.

Preliminary results: Based on the evaluation results we identified three overarching themes: Dementia and Cultural Sensitivity, Care Situation, and Regional Care Structures and Concepts. Based on the workshops results, where these themes were discussed, nine recommendations for the future dementia strategy in Rhineland-Palatinate were developed. Both results are central to the strategy's future development.

Conclusion: Our study demonstrated the value of active involvement and co-creation in shaping dementia policy. By involving a broad range of people (who are directly affected as well as key stakeholders) the study ensured that real-life needs and diverse perspectives were reflected. Our results will directly inform the update of the dementia strategy on state and national level.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-17 - Integrating Mild Behavioral Impairment into Dementia Prevention Strategies: A Telemedicine-Based Approach Aligned with WHO's Global Action Plan

Efthalia Angelopoulou[1], Ioannis Stamelos[1], John Papatriantafyllou[1], Kalliopi Vourou[1], Evangelia Smaragdaki[1], Dionysia Kontaxopoulou[1], Evangelia Stanitsa[1], Vassiliki Zilidou[2], Evangelia Romanopoulou[2], Panagiotis Bamidis[2], Sokratis Papageorgiou[1]
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Background: Mild Behavioral Impairment (MBI) represents a validated neurobehavioral syndrome that captures persistent and late-onset neuropsychiatric symptoms as a prodrome of cognitive decline. Despite its clinical and predictive value, MBI is underutilized in clinical practice and dementia prevention strategies. Based on our experience in a tertiary telemedicine clinic in Greece, we propose the integration of MBI screening into telemedicine-based cognitive care models for early detection, risk reduction and data-driven policy development, aligned with the WHO "global action plan on the public health response to dementia 2017-2025".

Methods: We implemented the MBI Checklist (MBI-C) at a pilot level in the "Memory, Dementia, and Parkinson's Disease Clinic via the National Telemedicine Network" in the Aiginiteio Hospital in Athens. Over a 3-month period, 10 older adults with cognitive concerns from underserved Aegean islands were assessed using the MBI-C during scheduled teleconsultations. Feasibility, acceptability and caregiver involvement were qualitatively evaluated, providing insights into policy implications.

Results: Remote MBI screening was feasible, well-tolerated, and accepted by patients and caregivers, supporting the early identification of high-risk individuals, prompting further neuropsychological investigation, timely referrals and regular monitoring. Main challenges included caregiver availability and limited digital literacy, addressed through collaborative support by local healthcare professionals.

Policy Implications: Our findings support the incorporation of MBI screening into national dementia risk reduction programs (WHO Action Area-3), offering a remote, scalable solution for early diagnosis (Area-4), informing health systems in national registries (Area-6), and enhancing dementia awareness (Area-2), since early behavioral symptoms are not widely recognized. Given its predictive potential, simplicity, and applicability to low-resource settings, MBI can be a key component in personalized, preventive dementia care across Europe.

Conclusion: Embedding MBI into telemedicine offers a scalable and cost-effective pathway for dementia prevention. Future efforts should focus on caregiver training, and digital infrastructure to support widespread implementation.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-11 - The role of municipalities in specialised dementia networks Development and signing of a charter for people with dementia using the example of the district of Saarlouis

Andreas Sauder[1], Horst Schneider[2]
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The federal state of Saarland has a total of 6 districts. Each district has a specialised dementia network. A gerontopsychiatric network specialising in dementia has existed in the district of Saarlouis since 2010. The specialised network now has 120 members, including all the towns and municipalities in the district.

The main aim of all efforts is to improve the quality of care for people with dementia and their carers.Cities and municipalities in particular play a special role as places of general interest.

As part of the further development of the network, cooperation with the municipalities was redefined against the backdrop of measures from the national and Saarland dementia strategy and a charter for carers and people with dementia was drawn up and signed by the 13 mayors and the district administrator.The charter stipulates that the cities and municipalities should deal even more intensively with the topic of dementia.

For example, after signing the charter, dementia officers were appointed by the municipalities as a voluntary commitment, and training activities were also extended to the political bodies in order to ultimately achieve greater participation for people with dementia and their relatives.

In addition to the district of Saarlouis, the other networks, in particular the network in the Saarpfalz district, have also set out to involve towns and municipalities more closely.

The authors would like to show how towns and municipalities have gradually opened up to the concerns of people with dementia and their carers and how they can be included in the network work.

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Policy - Dementia strategies

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POS09-18 - Social Perception of Alzheimer's in Spain: a cluster segmentation analysis

Eva Nebot[1], Marc Prat[1], Ignacio Cuervo-Arango[2], Maria Gallego[2]
[1]Pasqual Maragall Foundation, [2]Novo Nordisk

The progress in research for earlier diagnosis through blood biomarkers and the advent of disease modifying treatments opens the opportunity for new approaches in Alzheimer's disease. Indeed, the arrival of these advances and innovations is opening a window of opportunity to reduce the enormous economical, health and social impact of Alzheimer's.

Promoting public discussions and raising social awareness about Alzheimer's, as well as highlighting the importance of scientific and economic investment to introduce effective and accessible solutions in the Spanish National Health System is essential. To achieve these goals, it is crucial to first understand the opinions, perceptions and attitudes of citizens about this disease. In this context, the Pasqual Maragall Foundation has commissioned, with the support of Novo Nordisk, the third wave of the "Study on the Social Perception of Alzheimer's in Spain".

The survey methodology was conducted by Cluster17 and incorporates an innovative segmentation of the Spanish population into 16 social clusters representing groups of citizens with a shared system of values. The sample included 1.633 adults in Spain aged 18 or older that responded to online questionnaires.

This cluster's approach retrieves a map for a better understanding of citizenship's political demands. Among the topics are proximity and concern about Alzheimer's, knowledge about modifiable risk factors and opinions on the preparedness of the health system, the public investment in research or the provision of new pharmacological treatments trough the national health system. Regardless of their system of values, ideological orientation o socioeconomic group of belonging, Alzheimer's appeared as one of the diseases that most

concerns the Spanish population and a general, cross-cutting perspective is identified as a key aspect for tackling Alzheimer's in Spain.

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Policy - Dementia strategies

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POS09-06 - Proposals for a new prioritization of Alzheimer's in Spain: involving stakeholders in a process of social transformation and innovation in public policies

Eva Nebot, Marc Prat
Pasqual Maragall Foundation

The Spanish National Plan on Alzheimer's and Dementia (2019-2023) ended in 2023 without significant progress or tangible outcomes. Given the undeniable need to address prevention, early diagnosis, access to treatment and care in Spain, the Pasqual Maragall Foundation, under the Observatory of Alzheimer's and Dementias, promoted a process for social transformation and innovation in public policies. This process aimed to bring together leading organizations and experts in the field of Alzheimer's and related dementias.

With the aim of developing proposals for prioritizing Alzheimer's on the institutional and political agenda in Spain, two guided discussion sessions were held in Madrid in July 2024. Over 40 experts and representatives from the scientific, health and social fields actively participated in guided discussions, sharing ideas, identifying priorities and reaching consensus. The first session focused on prevention, diagnosis and treatment while the second addressed the right to attention and care.

Both sessions included multidisciplinary perspectives from scientific institutions, social organizations, patient associations, healthcare professionals and experts from economics and global health. The discussions were structured using a methodology that involved dividing participants into different worktables, each supported by a moderator and a rapporteur. The sessions began with a keynote presentation, followed by the introduction of three key questions designed to encourage dialogue and facilitate the exchange of points of view.

The discussion process culminated in the document "Proposals for a new prioritization of Alzheimer's Disease in Spain" which, endorsed by 30 Spanish organizations, aims to influence and guide the policymaking process for a comprehensive approach of Alzheimer's

and dementias in Spain. This document was presented at the Ministry of Health in November 2024 and counted with the participation of the Ministry of Health and the State Secretary for Social Rights.

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Policy - Dementia strategies

07/10/2025 - 10:00-17:30 - POS09. Dementia strategies

POS09-10 - Co-producing informational resources about dementia for autistic people, their supporters, and clinicians.

Madeleine Walpert[1], Gavin Stewart[2], Charlotte Featherstone[3], Ryan Gray[1], Phil Joddrell[1], Emma Wolverson[1], Karen Harrison-Dening[1]
[1]Dementia UK, [2]Kings College London, [3]Autistica

Little is known about the experiences of autistic people as they age. One area of particular concern is that diagnosed autistic individuals who require dementia and older adult services, as well as residential care, face environments in which healthcare professionals are not trained to support their specific needs. Beyond a small number of peer-reviewed publications, there is a distinct lack of accessible layperson-friendly resources about dementia in autistic populations.

This ongoing project will therefore co-produce accessible information resources about autism and dementia, and how best to support families throughout their experiences. To achieve this, two focus groups were conducted to understand the needs and experiences of professionals, autistic people and people with dementia, and their supporters. Audio recordings were transcribed and analysed using reflexive thematic analysis.

Four key themes were identified: (1) Awareness, training and understanding, (2) Challenges accessing and navigating services and support, (3) Misunderstandings and assumptions and (4) Practical support and resources. Participants discussed the need for awareness about differentiating between autistic characteristics and signs of dementia, and for dementia services and autistic services to increase communication. Professionals and autistic people described the challenges of accessing the right services and receiving support, while noting misunderstandings about both dementia and autism, such as how each might present itself, and interact. Finally, participants highlighted the need to direct autistic people to already available resources to inform them of the processes involved in seeking financial and medical support.

The themes derived will inform the creation of free-to-access information resources for both clinicians and autistic people. They will be circulated to professional bodies working with autistic people and people with dementia. The current findings and co-produced informational resources will increase awareness of dementia in autistic populations in an accessible and neuroaffirming way and may influence healthcare policy around staff training needs.

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Policy - Dementia strategies

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POS09-19 - Social Stigma in Dementia: Italian Validation of the 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]
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Introduction: The prevalence of dementia has been increasing, with over 55 million cases worldwide. Dementia-related stigma is believed to be a significant barrier to supporting people with dementia (PwD) and promoting their social inclusion. The Dementia Public Stigma Scale (DePSS) is a tool that measures the dementia-related public stigma and can guide educational interventions.

Objective: To validate the DePSS in Italian.

Method: The study consisted of two phases: translation and cultural adaptation, followed by psychometric validation. The scale was translated following Beaton's guidelines, with an initial assessment of clarity and relevance conducted by 5 experts and 41 lay participants. Subsequently, the DePSS was tested on a sample of 1,329 participants,aged 14-93 years. Analyses included Item-total correlations (r), reliability (McDonald's Omega), test-retest (r), and confirmatory factor analysis (CFA).

Results: The Italian version of the DePSS demonstrated satisfactory semantic and conceptual equivalence, with good internal consistency (omega = 0.776) and reliability (r=0.725, p<0.001). Item-total correlations ranged from 0.3 to 0.7. The CFA supported the original five-factor structure (fear and discomfort, inability and loss, personality recognition, burden and exclusion) with good fit indices (CFI = 0.941, TLI = 0.923, RMSEA = 0.050 and SRMR = 0.045).

Discussion and Conclusions: The DEPSS is a brief 16-item scale that explores all components of stigma—stereotypes, prejudice, and discrimination—unlike other tools that assess only positive attitudes toward people with dementia, while neglecting negative ones. The Italian version of the DEPSS is a valid and reliable instrument for measuring dementia-related stigma and may be useful for healthcare policymakers.

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POS09-02 - Building an index to map dementia care needs: Principal Component Analysis using English local authority level data

Magdalena Opazo Breton[1], Madeleine Walpert[2], Kerry Lyons[2], Emma Wolverson[2], Karen Harrison-Dening[2], Martin Orrell[1]
[1]University of Nottingham, [2]Dementia UK

The number of people living with dementia is a global public health concern. In the UK, the number is expected to rise to 1.6 million by 2050. There is some evidence that the distribution of dementia care is unequal across the country, but more evidence regarding the distribution of dementia cases and dementia risk is needed for a more efficient allocation of resources and to plan dementia prevention strategies.

We collected publicly available data on variables relevant to dementia risk and care at the neighbourhood level, including sociodemographic characteristics, risk factors, health care indicators, and environmental factors. Principal Component Analysis (PCA) was used to reduce the number of variables into dimensions, a smaller set of principal components that captured the most variance in the data.

PCA analysis indicated that three components were identified from the 19 variables included in the model. Descriptive labels were assigned to each component: socioeconomic and behavioural vulnerability, clinical and age-related vulnerability, and institutional care needs. These components were then used to construct a composite score reflecting dementia-related risks at a neighbourhood level. The distribution of the scores was visualised using PoliMapper heatmap software to identify geographical patterns, highlight areas of greater vulnerability and support comparison of areas across the UK.

The results of the study showed that the distribution of dementia risk is unequal across the UK. The development of the composite score can help policymakers and commissioners identify areas most in need and where prevention efforts and support services could have the greatest impact.

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POS09-12 - Mapping resources and gaps to develop dementia care pathways: Insights from participatory workshops with professionals

Maribel Pedrini, Rebecca Amati, Anna Maria Annoni, Anna Messina, Greta Rizzi, Maddalena Fiordelli
Institute of Public Health, Faculty of Biomedical Sciences, Università della Svizzera italiana

Background: In Switzerland, dementia affects approximately 150,000 people, with projections rising to 315,400 by 2050. This growing public health challenge calls for systemic improvements in how care is organized, coordinated, and delivered – improvements that depend on a clear understanding of existing resources and the identification of gaps across the various stages of the dementia journey.

Methods: As part of the CoPeC project (Building Care Pathways for Dementia: An Integrated and Participatory Approach to Preserving Autonomy), we conducted two participatory workshops during the Forum Alzheimer 2025, in April, in Lugano. Participants were randomly assigned to one of five phases of the dementia journey: preventing, diagnosing, supporting, living, and dying. After discussing, each group used an interactive digital tool to identify existing services, activities, initiatives, tools, and resources available in their assigned phase within the Swiss Italian region. Subsequently, all participants were invited to reflect on results and report perceived gaps in the current care landscape.

Results: The workshops involved approximately 120 participants from diverse professional backgrounds (e.g., nursing homes, educational, social and home care associations and institutions). A wide range of services, actors, and initiatives were identified, particularly in the “supporting” and “living” phases. In contrast, the “preventing,” “diagnosing,” and “dying” phases were perceived as less well resourced. Frequently mentioned gaps included limited communication, poor coordination among services, insufficient funding, and low public awareness.

Discussion: This participatory approach provided valuable, practice-based insights into professionals' perspectives on existing resources and perceived gaps in the dementia care journey. The ultimate goal of the CoPeC project is to formalize and communicate integrated care pathways that promote timely dementia recognition, support autonomy, and enhance continuity of care for individuals living with dementia and their caregivers. As a preliminary phase, these findings will be integrated with additional studies incorporating caregivers' experiences, institutional expertise, and available documentation.

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POS09-04 - Development and testing of search strategies and extraction matrices for a human rights-based international documentary analysis of dementia legislation and policies

Silvia Gonella[1], Katarzyna Szczerbińska[2], Natalia Drapała[2], Caroline Dalton[3], Siobhan Fox[3], Nikola Leca[4], Karolína Šafaříková[4], Catherine Walshe[5], Serena Salvi[5], Pablo Hernández-Marrero[6], Mateja Lopuh[7], Jana Mali[8], Gary Mitchell[9], Stephanie Craig[9], Rieneke Stelma-Roorda[10], Brenda van den Broek[11]
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Introduction: The recognition of human rights for individuals with psychosocial disabilities, including dementia, is a global public health priority. Examining normative and policy frameworks is essential to promote a human rights-based approach.

Aim: To develop and test search strategies and data extraction matrices for an European mapping of laws and policies relevant to dementia care.

Methods: Seven (Czech Republic, Ireland, Italy, Netherlands, Poland, Slovenia, UK) countries piloted the selection strategies and the extraction matrix. In each country, two researchers familiar with national laws and policies on dementia identified relevant higher-level documents and cross-verified the extracted data. The extraction matrix was developed using a hybrid deductive-inductive strategy that combined the theoretical framework of the UN Convention on the Rights of Persons with Disabilities (CRPD) with findings from thematic analysis of a purposeful sample of documents. The extraction matrix was structured around

eight categories of rights (non-discrimination, living independently, equal recognition before the law, privacy, health, work, adequate living conditions, participation in political and cultural life). Each category was expanded into specific sub-rights with practical examples. A modified matrix version was also developed to fit international and European sources.

Results: The pilot phase confirmed the feasibility of the extraction matrices and highlighted the need to refine the search strategies for policy documents. During testing, overlapping rights and examples were merged or removed, while new ones were incorporated; for instance, 'care coordination and support' was added under 'equal recognition before the law', and 'participation in social life' was expanded to include 'voluntary associations', 'educational initiatives', 'intergenerational support' and 'support to community spaces'. Some rights were reworded for clarity. International documents outlined general principles.

Conclusions: The complete mapping will identify country-specific gaps in the legislative and policy frameworks and guide their alignment with CRPD principles, to better guarantee the rights of people with dementia.

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POS09-20 - Improving Dementia Support and Education: Local and International Approaches

Štefanija Lukič Zlobec
Spominčica Alzheimer Slovenija

With attached poster Spominčica - Alzheimer Slovenia wishes to present:

- **National Programme: Dementia Friendly Local Environments (National Program)**

Spominčica - Alzheimer Slovenia has been actively involved in supporting people with dementia and their families for many years. One of the key initiatives is the Dementia Friendly Local Environments programme, co-financed by the Ministry of Health from 2024 to 2026.

This programme aims to improve the quality of life for people living with dementia and support their families through local dementia-friendly environments.

- **International project DEDUC Erasmus+ Project**

Spominčica - Alzheimer Slovenia participates in the DEDUC project (Distance Education and Vocational Training on Dementia for University Students and Healthcare Professionals), running from 2024 to 2026 under the Erasmus+ programme.

The project aims to develop innovative digital training for university students and healthcare professionals in the field of dementia care.

Attachments: Poster in PDF and PNG format

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POS09-07 - Strategies to Implement Italy's new Guideline on the Diagnosis and Treatment of Dementia and Mild Cognitive Impairment

Elisa Fabrizi[1], Nicoletta Locuratolo[2], Teresa Di Fiandra[1], Antonio Ancidoni[2], Francesco Della Gatta[3], Guido Bellomo[2], Ilaria Bacigalupo[2], Nicola Vanacore[2], Eleonora Lacorte[2]
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Introduction: The guideline on the diagnosis and treatment of dementia and Mild Cognitive Impairment (MCI) was developed as part of the activities of the Fund for Alzheimer's and Dementia 2021-2023. This guideline includes 167 recommendations for clinical practice and 39 for research and is accompanied by an interactive care pathway. Acknowledging the importance of this topic, the Ministry of Health entrusted the Italian National Institute of Health with disseminating and implementing the guideline through the activities of the Fund for Alzheimer's and Dementia for 2024-2026. This is an unprecedented effort for Italy. The aim of implementing the guideline is to create a strategy for effectively translating its content and recommendations into clinical practice.

Methods: Implementation plans, in collaboration with local entities, tailored to each context (goal-oriented), aimed at ensuring the uniform availability of appropriate and adequate diagnostic and therapeutic pathways for people with dementia and MCI will be carried out throughout Italy. Targeted training interventions will be provided on the guideline's content, along with a toolkit for standardized data collection, to various care facilities, including memory clinics, daycare centres, and nursing homes. Data from the impact assessment of these implementation strategies will be analysed to evaluate the effectiveness of the interventions at both regional and national levels.

Results: Two training sessions on dissemination and implementation of the guideline have already been conducted, involving ten regions. Further involvement of additional 9 regions is planned, with the aim of carrying out an implementation plan of the guideline in at least six facilities in each Italian region.

Conclusions: This implementation process will assist policymakers in revising the National Essential Levels of Assistance to be met in all Italian Regions, and in adapting integrated care pathways for dementia.

Project carried out with the technical and financial support of the Ministry of Health.

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POS09-21 - Meeting Centers In The Province Of Modena (Italy)

Giulia Despini[1], Chiara Iorio[2], Chiara Barbanti[2], Elisa Sirotti[2]
[1]Associazione G.P. Vecchi Pro senectute et dementia odv (MO), Italia, [2]

Meeting Centers (MCs) were established in Amsterdam in 1993 by Rose Mary Droes as low-threshold psychosocial interventions aimed at people with dementia and their caregivers. In Italy, the MC model has been adapted under the coordination of Professor Rabih Chattat. Currently, four Meeting Centers are active in the Modena area: in Vignola, Formigine, San Prospero, and Modena.

We present both quantitative and qualitative data from the Meeting Centers in the Province of Modena to highlight the users involved, the role of MCs in the area, and the perceived benefits for participants.

We collected data on the number of admissions, average daily attendance, discharged participants and drop-outs. Additionally, we gathered anonymous feedback from participants and family members regarding their satisfaction with the experience and activities offered by the MCs.

The data show consistent participation across all four Meeting Centers, with a steady increase in daily attendance. Most participants are referred directly by the Cognitive Disorders and Dementia Center (AUSL), but a significant portion also come through word-of-mouth, indicating the Centers' growing visibility in the community. Discharges and drop-outs are primarily due to clinical deterioration of the person with dementia or different care needs. The collected comments indicate a high level of satisfaction, with particular appreciation for the positive relational atmosphere, the sense of inclusion, and the opportunity to socialize in a welcoming, home-like environment.

Meeting Centers play a key role in the local care network, serving as a "bridge" between formal care services and the everyday lives of the people involved. They have proven effective in promoting psychological and social well-being, preventing isolation, supporting

and guiding caregivers. We propose the consolidation and expansion of MCs in the region, encouraging collaboration between institutions, the third sector, and the local community.

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POS10-04 - On the Way to Dementia Literacy – Using the Example of the Dementia-Friendly 3rd District (Vienna)

Marianne Buchegger
CS Caritas Socialis, PROMENZ

The dementia-friendly 3rd District was established in 2014 with the goal of developing and promoting awareness and civic engagement. Various offerings are intended to reach people with dementia and forgetfulness, as well as their relatives and companions, in a lowthreshold manner. The dementia-friendly 3rd District is a growing care network centered on individuals who need guidance and counseling. Since its founding, one of the primary goals has been sustainable awareness-raising, knowledge dissemination,destigmatization, and visibility of forgetfulness and dementia. The network is characterized by its openness to new trends and societal developments.
Following this objective, the „Promenz Gruppe 1030“ has been part of the network since 2023.

In line with the first objective of the Austrian Dementia Strategy, "Ensuring participation and self-determination of those affected," representatives of the network worked together with PROMENZ between 2022 and 2023 to implement the project „Promenz Gruppe 1030." The necessary resources were distributed among the network partners. The first „Promenz Gruppe 1030" started in September 2023. Users benefit from both the exchange and counseling and from becoming self-advocates who speak up about their condition and peers publicly.

In each of the regular network meetings, the network partners exchange proven practices and

new ideas. Central to these considerations is the question of resources. Ideas and actions can only be implemented in small steps using the network's own resources.

Implementation is done voluntarily or as an organizational contribution from the participating network organizations. Despite this, the network is growing and is committed to "Dementia Literacy," because dealing with dementia and forgetfulness must become natural. To achieve this goal, sustainable awareness-raising and knowledge dissemination at various levels, as well as the participation of those affected and the enabling of experiential knowledge in the population, are what the dementia-friendly 3rd District network tirelessly and continuously strives for since 2014.

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POS10-05 - Attitudes towards people living with dementia and their human rights

Briony Harden[1], Tessa Williams[2], Shi Tang[3], Orii McDermott[1], Martin Orrell[1]
[1]University of Nottingham, [2]Mailman School of Public Health, Columbia University, [3]Mailman School for Public Health, Columbia University

Background: There is often insufficient awareness and understanding of dementia, leading to increased stigma of the condition and people affected by it, including those with dementia and their families. This stigma can act as a barrier to the full exercise of human rights for people with dementia and their families, which can then cause excess disability and worsening quality of life.

Objective: To examine attitudes towards human rights for people with dementia are related to attitudes towards dementia, or quality of life.

Methods: An online survey consisting of several standardized questionnaires was uploaded to the Join Dementia Research platform in the UK in June 2024, closing in September 2024. Questionnaires included the 1) Dementia Attitudes Scale (DAS), 2) an adapted version of the World Health Organization's QualityRights pre-training questionnaire (WHO-QRDem), and 3) Control, Autonomy, Self-Realization, and Pleasure Scale (CASP-12). We will begin by analysing the psychometric properties of the adapted WHO-QRDem, before examining any relationships between the variables and potential group differences.

Discussion: The results of this study will provide inform stakeholders about potential underlying factors concerning attitudes towards dementia and attitudes towards people with dementia as rights holders. Our findings can also be used to shape future research efforts, policies, and services to improve awareness campaigns, increase inclusivity of people with dementia and their families/care partners, and provide care that respects, protects, and promotes the human rights of people with dementia.

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POS10-06 - Making Dementia Research Accessible to a National Audience: A Case Study of The Alzheimer Society of Ireland's Webinar Series

Diane O'Doherty, Laura O'Philbin, Cíara O'Reilly
The Alzheimer Society of Ireland

The Alzheimer Society of Ireland (ASI) supports almost half a million people affected by dementia annually. The evolving landscape of dementia research and emerging disease-modifying therapies has sparked interest among both those affected by dementia and the wider public.

In this presentation, we will share a case study of our learnings in developing and hosting an online dementia research webinar series. This was the first series of its kind hosted by The ASI in recent years. The webinar series aimed to share up-to-date knowledge on various topics with people affected by dementia, healthcare workers, students, and the public.

The development of this webinar series was collaborative including consultation on topics with ASI staff, researchers and experts. Topics for the series included updates on disease modifying therapies, genetics and dementia, walking reminiscence therapies and making local communities more accessible to people affected by young onset dementia.

The ASI is well placed to bring together dementia researchers, clinicians and experts in the area to collaborate on a public dementia research webinar series. In hosting the series online, this allowed us to reach people across the entire island of Ireland.

This case study will highlight insights from hosting an online dementia research webinar series, focusing on how we can refine our messaging to reach broader audiences. Furthermore, we will present key outcomes and proposed next steps from the series,

underscoring the importance of dementia research messaging that is inclusive across varying levels of understanding, and how this can be effectively leveraged moving forward.

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POS10-08 - “I wasn’t broken”: Addressing stigma associated with dementia while Walking the Talk for Dementia

Kate Irving[1], Kate Irving[1], Fernando Aguzzoli Peres[2], Walter D Dawon[3], Jonathan Adrián Zegarra-Valdivia[4], Lingani Mbakile-Mahlanza[5], Sherril B. , DrPH; Gelmon[6]
[1]Dublin City University, [2]Global Brain Health Institute, [3]Oregon Health & Science University, [4]Universidad Señor de Sipán, [5]University of Botswana, [6]Portland State University

Introduction: Walking the Talk for Dementia (WTD) is an annual event at which people from every continent, including those with dementia, care partners, advocates, artists, researchers and healthcare professionals, come together in Northern Spain to walk 40 km of the Camino de Santiago de Compostela and then gather for a 2-day symposium. The aim is to hold a space where people can reflect collectively on dementia from many different perspectives without professional titles. A central motivation is the reduction of dementia-related stigma. We conducted a mixed methods evaluation before, during and after the 2024 event; the findings related to ideas of stigma are presented here.

Methods: This mixed methods research examined the experiences of WTD 2024 participants. 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: Three themes pertinent to stigma were identified. These demonstrate an evolution of perspectives about dementia and the experience of dementia from a previously experienced group. The themes are: “The solidarity of the imperfect”; “I found my parachute again”; and “I wasn’t treated like I was broken.” Each theme will be expanded in the presentation.

Conclusions: This research adds to the body of knowledge about the relationship among fear of dementia, knowledge, experience or exposure, and stigma. It presents the issue of intersectionality of social inequalities as a possibility for levelling the playing field in similar events and makes an argument for careful attention to diversity at dementia-related events and conferences. It also makes a strong argument for the involvement of people living with dementia in education and awareness-raising approaches.

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POS10-10 - How to bring diverse perspectives on dementia to a policy journal? Results from piloting an open call for papers on dementia policy and practice

Michael Lepore
University of Massachusetts

Publishing diverse perspectives on dementia and other issues is a tenet of many journals, however, each journal is limited in the variety of its articles by many factors, including the number and diversity of authors who contribute to the journal. Seeking to bring diverse perspectives on dementia to the Gerontological Society of America's *Public Policy & Aging Report (PPAR)*, the editors pilot-tested an open call for papers (CfP) on dementia policy and practice. By piloting a CfP to which anyone in the world could respond by submitting an abstract, the editors introduced a substantial change to the journal's standard operating procedures which for decades has entailed inviting experts known to PPAR editors to author articles.

The CfP invited submissions that addressed a wide range of policy and practice issues related to dementia and stated the journal's aims of disseminating new knowledge on dementia-related policy and practice, facilitating international policy and practice comparisons and collaboration, and ultimately shaping the future of policy and practice regarding dementia by identifying successful policy and practice initiatives and highlighting emerging concerns. The CfP resulted in the submission of 20 abstracts by 17 unique authors. Most abstracts came from authors in the United States, but scholars in three other countries—Canada, India, and China—also submitted abstracts.

The CfP pilot substantially increased the number of authors considered for inclusion in the journal: Using PPAR's standard operating procedures, up to seven authors are invited to contribute to each issue of the journal, but with the CfP, more than twice as many authors were considered. Although some abstract submissions came from outside the United States,

overall, few countries were represented in the submissions. Discussion considers how policy publications can be informed by international engagement and explores key factors for increasing international journal submissions.

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POS10-11 - A national partnership with pharmacists: for better identification, information and orientation

Kevin Rabiant, Kevin Rabiant, Lorène Gilly
France Alzheimer et maladies apparentées

In March 2025, the Union of Community Pharmacists' (USPO) made available to its members a poster created by France Alzheimer to raise awareness about Alzheimer's disease among pharmacists and the general public. This project is part of the agreement signed by France Alzheimer and the USPO in 2023.

In a context of medical desertification, it is essential to strengthen ties between pharmacists and France Alzheimer local branches, to best meet the need for guidance and support for people living with dementia and their caregivers. There are more than 20,000 pharmacies in metropolitan France. And according to the National Order of Pharmacists, the distance to the nearest pharmacy for all French municipalities is on average 3.8 kilometers. This territorial coverage is a major asset in ensuring access to local care.

The agreement provides for various actions, such as providing pharmacists with a questionnaire to assess a situation in the event of difficulties being detected and to effectively guide them toward diagnosis. It is well known that early diagnosis can enable better access to resources and delay the progression of the disease.

The health of caregivers is also a major concern, and here too, pharmacists are on the front lines, listening to them and delivering prevention messages.

Finally, pharmacists who are members of territorial professional health communities—a system that brings together professionals from the same area—are also encouraged to take action at this level, both to contribute to the development of a care pathway for people with Alzheimer's disease and to implement multidisciplinary training on a condition that still remains too often misunderstood by independent professional carers.

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POS10-12 - From research to practice and policy: the Dutch approach to disseminating knowledge on dementia

Maud Schuit, Hans Alderliesten, Jeroen Vlug
Movisie

The Netherlands is one of Europe's frontrunners in the broad and structured dissemination of dementia knowledge. Movisie, the national knowledge institute for social issues, plays a key role in this effort. We combine scientific insights, practical tools, and actionable perspectives. We make these accessible to professionals, policymakers, people living with dementia, and their families.

The Dutch approach is defined by close collaboration between research institutes, care and welfare organizations, policymakers, and people with lived experience. Programmes such as *Implementatie Zorgstandaard Dementie* and *DEMPACT* actively support this approach. Regional dementia networks and knowledge partners like Vilans and Alzheimer Nederland help ensure that knowledge is not only developed but also widely shared and applied in practice.

Thanks to this integrated, practice- and policy-oriented approach, new knowledge is not left unused. It is actively translated into care, support, and policy development. This is reflected in practical tools such as a policy guide for municipalities, an inspiration booklet for case managers, and case studies of initiatives like the Odensehuis and other day activity programs. What makes this approach unique is that it brings together the perspectives of policy, practice and research. It always offers actionable insights for professionals.

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POS10-13 - Dementia-Related Stigma and Associated Factors in the General Public in the Netherlands

Anne Kolmans[1], Sascha Bolt[2], Roeslan Leontjevas[3], Wijnand Ijsselsteijn[4], Debby Gerritsen[1]
[1]Radboud University Medical Center, [2]Tranzo, Tilburg University, [3]Open Univeristy of the Netherlands, [4]Eindhoven University of Technology

Background: Public stigma can impact wellbeing and social engagement of people living with dementia. In the Netherlands, the occurrence of public dementia-related stigma and its associations with other factors is largely unknown. Hence, we aimed to examine the level of self-reported stigma; explore perceptions related to dementia; and examine the associations between familiarity, ageism, and stigma.

Methods: A cross-sectional mixed methods survey was conducted, using a nationally representative sample of the Dutch population (n = 524). The DePSS was used as a measure of stigma (range = 1-7, higher scores connote higher stigma). Thematic analysis of open-ended questions provided insights into perceptions of dementia. Multiple regression analysis examined associations between familiarity and ageism on the one hand and stigma on the other hand, controlling for gender, age, educational level, and social desirability.

Results: The mean overall DePSS score was 3.41(SD = 0.64). Respondents found it difficult to describe a person with dementia, mentioning that people living with dementia vary greatly. People with dementia were further described as 'ordinary people', but common stereotypes (e.g., childlike, unpredictable) were also reported. Working with people living with dementia was significantly and negatively associated with the overall DePSS score (β=-0.13), and fear and discomfort (β=-0.19). Knowing a person living with dementia in personal life was significantly and negatively associated

with the overall DePSS score (β=-0.23), fear and discomfort (β=-0.28), acknowledgment of personhood (β=-0.16), burden (β=-0.17), and exclusion (β=-0.15). Ageism was significantly and positively associated with the overall DePSS score (β=0.29), fear and discomfort (β=0.14), incapability and loss (β=0.23), burden (β=0.30), and exclusion (β=0.16).

Conclusion: The results indicate that both familiarity (at work and private life) and ageism are associated with stigma. These findings provide starting points for initiatives to further reduce stigma and support the wellbeing of people with dementia.

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POS10-14 - Monitoring Outputs and Evidencing Outcomes

Wendy Rankin-Smith, SDWG and NDCAN Active Voice
Alzheimer Scotland

The Scottish Dementia Working Group (SDWG) and the National Dementia Carers Action Network (NDCAN) are member-led groups within Alzheimer Scotland dedicated to campaigning and raising awareness. They regularly engage in meetings, projects, and events to promote a positive understanding of dementia and advocate for improved support and services for people living with dementia and their carers. Both groups acknowledge that their work is making a positive difference, and they now have the tools to measure and demonstrate this. This is because the members have embarked on a pivotal initiative aimed at demonstrating the effectiveness of its campaigning and awareness raising efforts through the development of a comprehensive monitoring tool.

This poster presentation will explore the significance of tracking outputs and evidencing outcomes in the context of dementia awareness and advocacy. It will illustrate how this new resource can help to address the all-important 'so what' question, specifically regarding the impact that the group's work has on people affected by dementia.

The ability to monitor outcomes represents a landmark development for the SDWG and NDCAN members, allowing them to evaluate their progress and effectiveness, and ultimately ensuring they stay aligned with their campaign priorities and focus areas. It is important to add that not only does this tool facilitate internal accountability, but it also serves to communicate the tangible successes of the group to external stakeholders, including decision makers, policy leads, health care professionals, and moreover, people living with dementia and their carers.
By demonstrating the measurable benefits of this initiative, this poster presentation also aims to inspire similar groups who are dedicated to dementia campaigning work, and at the same time, highlight the importance of an evidence-based approach.

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Policy - Campaigning for change

07/10/2025 - 10:00-17:30 - POS10. Alzheimer associations and campaigns

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POS10-15 - The Dementia Swing: A Public Policy Tool for Connection and Campaigning

Kasper Bormans[1], Olivier Constant[2]
[1]Maastricht University, [2]Staff Member for Advocacy & Awareness Raising, Alzheimer Liga Vlaanderen (Flemish Alzheimer's Association)

Background: Dementia leads not only to memory decline but also to a gradual erosion of communication skills—often resulting in social isolation. In the absence of a medical cure, relational care remains our most powerful tool. Belgium introduced its first *dementia swing*: a symbolic and practical innovation promoting connection in public space. The swing, designed with two opposing seats, invites dialogue—literally and metaphorically—between people with dementia and their environment. It is inspired by the *resonance method*, which borrows from social psychology and marketing to foster meaningful engagement.

Methods: Researchers and artists collaborated closely with individuals living with dementia in residential care settings. By immersing themselves in their daily lives, they developed a set of intuitive conversation principles. These were embedded into the design of the swing and its suggested usage. Installed in visible, intergenerational locations, the swing functions as a low-threshold conversation starter and an aesthetic anchor point in public policy towards dementia-friendliness.

Results: Initial implementation in a care home garden led to increased spontaneous interaction. Residents use the swing for rest and reflection, while visitors find it a natural invitation to engage. A local daycare now organizes regular visits, creating powerful intergenerational moments. Municipal interest has since grown, with multiple cities adopting or planning similar installations.

Conclusion: The dementia swing is more than a care innovation—it is a public campaign in itself. By making dementia visible, poetic, and part of shared spaces, it contributes to a culture shift. This aligns with the goals of Alzheimer Liga Vlaanderen and strengthens local

dementia policy through tangible, scalable action. The project illustrates how symbolic infrastructure can drive social inclusion and public awareness.

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Policy - National Alzheimer's associations

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POS10-02 - The "Employee Caregiver" Label: accelerate internal inclusivity

Lorène Gilly
France Alzheimer et maladies apparentées

Initiated by Klésia, a social welfare provider, and Handéo, a group of the social and solidarity economy, the "Employee Caregiver" label supports employers who wish to do so in supporting employees who are caring for a loved one who is vulnerable (due to disability, loss of autonomy, or illness). Since the inception of this initiative, France Alzheimer has been part of the jury that awards the label to organizations that have already initiated exemplary initiatives.

As a family organization, bringing support to people living with dementia and their caregivers, France Alzheimer is particularly sensitive to this subject and felt natural to begin its own process of obtaining the label for employees of the organization who could be in a situation of bringing daily support to a loved one. The association offers various options to ease the daily lives of employee caregivers, such as teleworking, the donation of vacation days and the possibility of receiving free psychological support.

Since submitting its application, France Alzheimer has further expanded its outreach while structuring it. Two representatives have been appointed to answer questions from employees concerned about caregiving. Numerous documents have been gathered in the shared workspace: the results of a dedicated barometer conducted internally and presented at the last employee meeting; practical guides; a map of stakeholders to contact based on needs; and the support and assistance programs offered by our pension group.

Finally, France Alzheimer has committed to carrying out an innovative initiative during the national Caregivers' Week next October. A fifteen-minute film will be produced about the experiences of three of the association's employees who agreed to share their experiences about their role as caregivers, the sometimes difficult work-life balance and their expectations of France Alzheimer as an employer.

Testify to de-stigmatize is in France Alzheimer's DNA.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 10:00-17:30 - POS10. Alzheimer associations and campaigns

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POS10-16 - Novel Approaches to Policy and Advocacy for Dementia: Lessons from Walking the Talk for Dementia

Walter Dawson[1], Fernando Aguzzoli-Peres[2], Laura O'Philbin[3], Jonathan Adrián Zegarra-Valdivia[4], Lingani Mbakile-Mahlanza[5], Kate Irving[6], Sherril Gelmon[7]
[1]Oregon Health & Science University, [2]Global Brain Health Institute, [3]Alzheimer Society of Ireland, [4]Universidad Señor de Sipán, [5]University of Botswana, [6]Dublin City University, [7]Portland State University

Introduction: Global dementia policy and advocacy efforts are increasing. Walking the Talk for Dementia (WTD) is a catalyst to advance equitable dementia policy. WTD brings together multiple parties across the dementia continuum including researchers, clinicians, people with dementia, care partners, policy-influencers, artists, and advocates who can collectively influence global and national dementia policies.

Methods: Policy and advocacy-related data were collected from WTD participants from 27 countries and five continents. Data sources included 95 reflections that produced 450 quotes from 54 participants, gathered during the event, and a post-event survey (N= 73; 87% response rate). Thematic analysis identified multiple opportunities for the WTD experience to influence global dementia advocacy and policy.

Results: Four main themes emerged related to advocacy and policy: *New awareness*: Greater awareness among WTD participants of the multiple dimensions of the lived experience of dementia including reduced dementia-related stigma. *New*

collaborations: Extended time to create relationships led to new collaborations among professionals, people with lived experience of dementia, and other social change agents, which can facilitate policy advocacy and design. *Changes in organizational practices*: Changes in the way organizations approach dementia advocacy and policy design can be informed by WTD participants' experiences. *Policy influence*: Participation in WTD facilitated multiple opportunities for dementia advocacy and policy design, often through WTD collaborations.

Conclusions: WTD participants have the potential to influence global dementia policy and advocacy through pathways such as increased awareness of the experiences of people with dementia and their care partners, reduction in dementia stigma, and cross-national collaborations among new partners. Efforts to influence the design and development of dementia-related policies such as national plans for dementia, care financing, and investment in public awareness campaigns to address stigma and risk reduction, must reflect and value the voices of people with lived experience of dementia.

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POS10-17 - Young-Onset Dementia: Daughters, Sons & Their Families United in Support

Diana Cose[1], Walter Dawson[2]
[1]Lorenzo's House, [2]Lorenzo's House

Young-onset dementia (YOD) is a global public health crisis that remains widely overlooked. Families are left to face emotional trauma, layers of stigma, financial strain and isolation due to a global system that is not built to include their unique needs.

Lorenzo's House aims to reframe how dementia for young families is experienced.

We exclusively support daughters, sons and their families affected by young-onset dementia, by healing in community and advocating for dementia justice.

We are a virtual global hub of support, providing 3 pillar programs. MATCH: One-on-one, carer to carer connection with a peer who understands. CLUBS: Virtual spaces to share common stories, build our collective toolkit and find community. SUMMIT, worldwide virtual youth-led event designed to educate & empower

As we grow, we recognize how important it is to capture, codify and disseminate the information and insights that we are uncovering every day at Lorenzo's House. We are doing this through our LIGHT ACADEMY, a learning platform solely focused on the unique needs and interests of those affected by young-onset dementia. Families, practitioners, allies, researchers, donors and friends will have the opportunity to collaborate, learn, to teach, to access and to share our collective knowledge.

We propose a session that will:

1. Share founding story: one family story that opens the door for others to share their experience with young-onset dementia
2. Convey the impact of our programs: an innovative support model that accesses the voices of our community - designing relevant and meaningful sessions
3. Highlight the critical importance of our YOD virtual learning platform: partnering with families and practitioners - transforming how YOD is experienced.

Lorenzo's House is shifting the way society thinks, experiences and responds to young-onset dementia and would be honored to share our mission and to connect with families, practitioners and innovators at the Alzheimer Europe Conference.

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Policy - Preparing for new AD treatments

07/10/2025 - 10:00-17:30 - POS11. Other dementia policies

POS11-01 - What is on the horizon? A Systematic Literature Review of Pharmacologic Disease Modifying Therapies for Early Alzheimer's Disease

Heather Eames[1], Heather Eames[2], Sinead O'Neill[3], Cliona Flynn[1], Caitriona Ni Choitir[1], Marie Harte[1], Sean Kennelly[4], Roisin Adams[3], Laura McCullagh[3]
[1]National Centre for Pharmacoeconomics, [2]Trinity College Dublin and National Centre for Pharmacoeconomics, [3]National Centre for Pharmacoeconomics and Trinity College Dublin, [4]Tallaght University Hospital

Background: Horizon Scanning (HS), of medicines, is a systematic approach used to identify upcoming pharmacologic therapies. HS was conducted using the International Horizon Scanning System (IHSI), publicly available HS databases in Europe, and the Irish-national HS database. This identified 34 disease modifying therapies (DMTs) for Early Alzheimer's Disease (EAD) anticipated to come to market, in Europe, in the next 10 years. The DMT targets include amyloid-beta (n=10), tau (n=9), inflammation (n=8), others (n=7). A systematic literature review aimed to identify safety and efficacy data on these 34 DMTs for EAD.

Methods: Embase, Ovid MEDLINE®, and Cochrane CENTRAL were searched from inception to January 2025 for eligible RCTs. The eligible population were those with EAD, defined as per international guidelines and a positive AD biomarker. Hand searches of health technology assessment agencies, conference proceedings, and trial registries were conducted. Full study selection was performed in duplicate. Study details, participant characteristics, and outcomes of interest were extracted.

Results: Of 2,298 records identified, 12 studies reporting on 8 RCTs investigating 6 DMTs (lecanemab, donanemab, hydromethyllthionine-mesylate, blarcamesine, ALZT-OP1a/1b, and AGB108) versus placebo, were identified. Concomitant treatment with standard of care therapies (acetylcholinesterase inhibitors and/or memantine) were permitted in all but one

study. RCT phases ranged from 48 to 78 weeks. Amyloid-beta therapies (lecanemab and donanemab) and blarcamesine demonstrated improvements in cognitive scores and amyloid burden; not all were statistically significant. Proportions of participants experiencing amyloid related imaging abnormalities (ARIA) were reported in RCTs of amyloid-beta therapies only. Trials for ALZT-OP1A/1b, AGB108 and hydromethylthionine-mesylate did not meet their primary endpoint during the RCT phase.

Conclusions: Initial results indicate that lecanemab, donanemab, and blarcamesine are associated with clinical benefits in the EAD setting. These should be balanced with safety outcomes. The comparative efficacy and safety of these DMTs remains uncertain. The feasibility of network-meta-analyses is underway.

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Policy - Preparing for new AD treatments

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POS11-03 - Bridging Science, Healthcare and Policy: HUB Alzheimer Barcelona's Collaborative Efforts to Prepare the Catalan Health System for Alzheimer's disease-Modifying Therapies

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]

The approval of Alzheimer's disease-modifying therapies in Europe marks a turning point in disease management, requiring coordinated and informed action from healthcare systems. In this context, the HUB Alzheimer Barcelona is proactively guiding and supporting the Catalan Health System in this transition.

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. One of its missions is to foster collaboration across research, healthcare, and policy sectors to accelerate the uptake of innovation into clinical practice.

In May 2024, the HUB hosted the **First Workshop on Challenges and Opportunities for the Implementation of Biological Therapies for Alzheimer's disease**, gathering 12 experts and representatives from the Catalan Health Service. Discussions focused on clinical prescription criteria, diagnostic resource needs, patient monitoring strategies, and the creation of a regional registry to ensure equitable and safe access.

Building on these foundations and in light of the new context, the HUB will organise the **Second Workshop** on **19 June 2025**, a public event expected to gather over 200 stakeholders, including healthcare professionals, researchers, policymakers and patient associations. It will address critical issues such as diagnostic infrastructure, clinical

protocols, and healthcare service adaptation for the integration of new therapies. The workshop's outcomes and recommendations will be presented.

In parallel, and to strengthen the role of first-line healthcare providers, the HUB is developing an accredited online training programme on Alzheimer's for primary care professionals in collaboration with the Catalan Society of Family and Community Medicine (CAMFiC).

Through these initiatives, the HUB Alzheimer Barcelona consolidates its role as a platform for innovation, training, and coordination in the future of Alzheimer's care in Catalonia.

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Policy - Preparing for new AD treatments

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POS11-04 - Improving outcome measurement when evaluating the value of new Alzheimer's treatments. Adapting the ICECAP-O to be easier to complete by people with dementia

Katie Breheny[1], Oliver Cook[2], Hugh McLeod[2]
[1]University of Bristol, [2]

Background: Demonstrating the cost-effectiveness of new Alzheimer's treatments is critical for their approval by reimbursement agencies and adoption in clinical practice. The ICECAP-O is a questionnaire measuring capability-wellbeing in older adults and is designed for use in economic evaluation as a measure of effectiveness. It offers a broader perspective than health-related quality of life (HRQL) and is endorsed by the UK National Institute for Health and Care Excellence (NICE). Where feasible, self-report is preferred to proxy completion. We aimed to adapt the ICECAP-O to be easier to complete by people with dementia (PWD) to facilitate self-report for longer in the disease pathway.

Methods: The adapted ICECAP-O is being developed using an iterative, staged approach. First, a literature review was conducted to identify previously reported challenges PWD have experienced when completing the ICECAP-O and other questionnaires. Second, patient and public involvement (PPI) was undertaken to refine a draft adapted measure. The third stage is a cognitive interview study to test the adapted ICECAP-O. Participants include PWD and formal and informal carers of PWD. Interviews are being conducted in-person and in two phases. Modifications to the adapted measure are made between phases.

Results: The literature review indicated potential opportunities for improvement were the formatting and layout, composite and ambiguous items and providing a practice question. These informed a draft adapted ICECAP-O which was presented to PPI contributors. The adapted questionnaire has been tested in 18 cognitive

interviews, with further interviews planned. Early findings suggest that increased spacing is ‘friendlier’ and ‘less overwhelming’. Providing examples that intend to reduce ambiguity may impact the interpretation of questions.

Conclusion: An adapted ICECAP-O will allow the value of new treatments to be measured more accurately. This will be increasingly important as new disease modifying Alzheimer’s disease therapies are recommended for use early in the disease pathway.

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Policy - Preparing for new AD treatments

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POS11-05 - Regulatory, clinical, and post-marketing challenges of amyloid-targeting monoclonal antibodies for Alzheimer's disease: insights from real-world data

Antonio Ancidoni[1], Giuseppe Marano[2], Roberto Da Cas[2], Nicoletta Locuratolo[3], Francesco Sciancalepore[3], Ilaria Ippoliti[2], Nicola Vanacore[3], Antonio Ancidoni[3]
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Aim: Amyloid-targeting monoclonal antibodies (mAbs) for Alzheimer's disease (AD) are granting marketing authorization globally. However, their risk/benefit profile remains a matter of significant controversy. Therefore, gathering real-world evidence (RWE) is essential to evaluate the effectiveness and safety of mAbs thoroughly. This study aimed to collect RWE on mAbs from: (i) the regulatory perspective; (ii) the clinical perspective; (iii) the pharmacovigilance perspective with the analysis of suspected adverse events (AEs) associated with lecanemab.

Methods: Three analyses were performed: (i) a comparison of lecanemab prescribing information from four regulatory authorities (FDA, EMA, MHRA, PMDA); (ii) a systematic literature review using Medline and Embase of studies on the clinical management and AEs of lecanemab, donanemab, and aducanumab, including clinical cases reporting adverse events, symptoms, or management strategies; (iii) an analysis of the FDA's Adverse Event Reporting System (FAERS) database to gather RWE on the safety of lecanemab.

Results: Substantial differences, especially regarding the population eligible for treatment with lecanemab were found among regulatory authorities. Moreover, contraindications and monitoring for AEs and indications for dosing interruption were also identified as the main differences. The literature analysis identified 15 articles reporting case reports or case series on mAbs: 9 on lecanemab, 5 on aducanumab, and only one on donanemab. Up to December 31, 2024, data from FAERS identified

2,627 AEs affecting 1,286 individuals, of whom 385 (29.9%) experienced serious AEs, including 46 deaths for all causes corresponding to 3.6% of all AEs and 12% of serious AEs. The most reported AEs were headache (8.5%), ARIA-E (6.5%), ARIA-H (5.7%), chills (4.9%), infusion related reaction (4.6%), fatigue (3.6%), confusional state (3.0%), nausea (2.9%), pyrexia (2.8%), and dizziness (2.5%).

Conclusion: Given the uncertain risk–benefit profile of mAbs, continuous and rigorous surveillance of AEs and long-term effects is warranted by both the scientific community and regulatory authorities globally.

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Policy - Preparing for new AD treatments

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POS11-06 - Eligibility for amyloid-targeting monoclonal antibodies in Alzheimer's disease: a literature review

Antonio Ancidoni[1], Francesco Sciancalepore[2], Antonio Ancidoni[2], Patrizia Lorenzini[2], Simone Salemme[3], Flavia Lombardo[2], Nicoletta Locuratolo[2], Nicola Vanacore[2]
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Introduction: The imminent introduction of the amyloid-targeting monoclonal antibodies (mAbs) for Alzheimer's disease raises significant public health considerations. However, the presence of comorbidities and specific contraindications substantially restricts the broad applicability of these treatments. Therefore, accurately estimating the number of eligible individuals is essential to enable the National Health Systems to prepare effectively for this new challenge. This study aimed to identify evidence from the literature on the eligibility for mAbs in the real-world setting

Methods: A preliminary literature review was conducted using the following search string: *(aducanumab OR lecanemab OR donanemab) AND (eligibility).* The search strategy was conducted from inception to April 29, 2025. Only studies in English were considered.

Results: Overall, 13 studies were included (cohort size range: n = 54 - 32,123). Nine studies applied eligibility criteria in clinical-based settings, while four were conducted in population-based settings. Four studies assessed eligibility for mAbs in memory clinics in Italy. Three studies were conducted in the United States; Ireland and Sweden each contributed two studies, while Switzerland and Austria contributed one study each. Four studies focused specifically on eligibility criteria for lecanemab, and another four focused exclusively on aducanumab. Three studies evaluated eligibility criteria for both lecanemab and aducanumab, while one study assessed eligibility for donanemab. Eligibility estimates

varied considerably depending on care setting and the specific criteria applied. When aducanumab eligibility criteria were applied, between 0.7% and 57% of individuals were deemed eligible. For lecanemab, eligibility ranged from 5.9% to 31%. The single study assessing donanemab reported that 23% of individuals met the eligibility criteria.

Conclusions: As these therapies are integrated into routine clinical practice, accurately identifying individuals who are most likely to benefit will be critical to ensure appropriate resource allocation, equitable access, and the effective planning of public health strategies.

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Policy - Preparing for new AD treatments

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POS11-07 - Incorporating Drug Delivery Systems into Economic Evaluation of a Hypothetical Alzheimer's Disease Treatment: An Exemplar Cost-Effectiveness Analysis in Italy

Xue Wu[1], Andrea Marcellusi[2], Paolo Blasi[2]
[1]Ghent University, [2]

Alzheimer's disease (AD) imposes a considerable economic and disease burden on the global population. For years, pharmacologic treatment for AD has provided only symptomatic relief. Recently, Lecanemab, a monoclonal antibody, received marketing authorisation as a disease-modifying therapy (DMT) based on its ability to reduce amyloid markers and slow disease progression. However, its use is restricted to a limited population, as it is not recommended for ApoE ε4 homozygous individuals, and the 14-day intravenous dosing regimen raises substantial cost-effectiveness concerns. This poses challenges for equitable access and commercialization, particularly as reimbursement decisions rely on cost-effectiveness evaluations that differ across national healthcare systems.

Although health technology assessment (HTA) involving pharmaceutical scientists is increasingly recognised as essential in the early phases of drug development, the extant literature on cost-effectiveness analysis has largely overlooked the effects of drug delivery systems. For instance, nanoscale drug delivery technologies may enhance targeting efficiency across the blood-brain barrier, enabling more precise delivery, reduced dosages, prolonged dosing intervals, and potentially fewer side effects.

In this context, we investigates how drug delivery strategies influence the cost-effectiveness of future AD treatments. An exemplar analysis was set in Italy, with an ICER threshold of €33,004/QALY. A five-state Markov model compared a hypothetical DMT incorporating advanced delivery strategies with standard care. Sensitivity and scenario analyses are being performed to assess model robustness and to identify drug delivery strategies that support cost-effectiveness and full market access. *The modelling framework has been*

developed and parameterised; simulations are ongoing and findings will be available at the time of presentation.

By integrating delivery system considerations into economic evaluations, this work supports broader and more sustainable access to emerging AD therapies. Findings will offer valuable insights for future AD drug development and stakeholder strategies. This analysis may assist policymakers in making reimbursement decisions and setting early HTA guidelines.

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Policy - Consent, legal capacity and decision making

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POS11-08 - It Takes Two: the legal challenges of dementia in registered partnerships in Belgium

Amber Jans
Hasselt University

Dementia presents a growing challenge for legal systems worldwide amidst demographic ageing. This research examines the legal complexities faced by individuals with dementia and their partners within registered partnerships (marriage or legal cohabitation), focusing on the Belgian legal framework.

Grounded in fundamental human rights principles – respect for private and family life (art. 8 ECHR) and the right to equal treatment before the law (art. 12 CRPD) – this research explores how adult protection measures and relational measures interact within Belgian legislation.

Article 12 CRPD emphasizes equality and non-discrimination, specifically in the context of legal capacity. However, applying the CRPD to individuals with dementia raises critical questions. Dementia is a progressive condition requiring evolving support mechanisms tailored to the individual's changing needs. Limiting legal capacity in light of art. 12 CRPD often undermines autonomy and infringes upon the rights to private and family life, presenting significant human rights concerns.

Furthermore, Belgian law employs two parallel mechanisms: adult protection measures, focussing on the individual, and relational measures (e.g. matrimonial property law) focussing on the relationship. These mechanisms often operate simultaneously, in the same relationship, affecting the same individuals. This dual approach creates legal and practical tensions, particularly regarding the competing interests of autonomy, protection, and relational continuity.

This research highlights the distinctions between these mechanisms and their implications for the diverse interests involved, considering Belgium's human rights obligations. Persons with dementia always remain integral members of their families, requiring legal systems to address both individual and relational needs holistically.

By shedding light on these complexities, this research advocates for comprehensive support systems that prioritize both individual rights and relational dynamics in the face of dementia within registered partnerships. Ultimately, it contributes to a broader understanding of how legal systems can better balance individual rights and relational dynamics in the context of dementia.

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Policy - Consent, legal capacity and decision making

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POS11-11 - The talking about the future guide: experiences with a co-created tool to support advance care planning for people with dementia and their informal caregivers

Leontine Groen-van de Ven[1], Jantiena Pasterkamp - de Munnik[2], Fenna Luiken - van der Hoek[3], Alyssa Mesken[1], Isa Letsch[1], Morris Drenth[1], Simone de Bruin[1]
[1]Windesheim University of Applied Sciences, [2]Viaa University of Applied Sciences, [3]Utrecht University

Background: Advance Care Planning (ACP) is crucial to ensure future care aligns with needs and preferences of people with dementia. Conversations with loved ones can help develop preferences and prepare for consultations with professionals. The “Talking About the Future” (TAF) guide, including an information booklet and a card deck with ACP questions, was co-created with people with dementia and their caregivers to facilitate such conversations.

Aim: To explore how people with dementia, their informal caregivers, and dementia case managers perceive and experience the use of the TAF guide in daily practice.

Method: Seventeen dementia case managers, trained in ACP, introduced the TAF guide to their clients. Semi-structured interviews were conducted with dementia case managers, people with dementia, and informal caregivers. Data were recorded, transcribed verbatim, and analysed using thematic analysis. Data collection and analysis among dementia case managers are complete, while those among people with dementia and their informal caregivers continue until June 2025.

Results: Preliminary findings suggest that dementia case managers control how and where the TAF guide is used. Their attitudes and expectations are crucial to its application.

Dementia case managers express a need for more training and support in using the guide. People with dementia and informal caregivers find the TAF guide relevant, clear, and helpful. Informal caregivers use the booklet to prepare for consultations, while people with dementia glance through it. The question cards are seen as playful and offer a light way to discuss difficult topics like legal issues or end of life.

Conclusion: The TAF guide is a valuable tool for people with dementia and their informal caregivers to develop preferences and prepare for ACP consultations. However, its successful use depends on professionals receiving adequate training to incorporate the guide into their work and ensure its accessibility to people with dementia and their families.

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Policy - Consent, legal capacity and decision making

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POS11-14 - Exploring how Mental Capacity Act training is delivered across England and Wales: a national survey

Louis Stokes[1], Alys Wyn Griffiths[1], Nefyn Williams[2], Kim Smallman[3], Nina Jacob[3], Sion Scott[4], Victoria Shepherd[3], Liz Jones[1], Cara Gates[5]
[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]Leeds Beckett University

Background: The Mental Capacity Act (MCA; 2005) in England and Wales provides the legal framework that supports professionals to determine whether someone has decision-making capacity, and to make decisions on the person's behalf. People living with dementia often require support to make such decisions, many of whom live in a residential care home. However, care home staff report feeling unsupported with insufficient knowledge and skills to understand the legislation and apply it in practice.
Aims: This study aims to develop a national picture of MCA training delivery and implementation in care homes supporting older adults and establish a generalisation of key barriers and facilitators to implementing best practice initiatives.
Methods: In Phase 1, an online survey was sent to care home managers, providing full-time care for older adults (aged 65+), through email, post and via professional networks. Managers provided insight into current MCA training including format, content, objectives, recipients, duration and frequency. In Phase 2, a follow-on survey was completed by care home staff to understand perceptions of the utility and efficacy of MCA training in relation to domains including confidence, knowledge and skills.
Results: We will present initial findings, including key barriers and facilitators to the delivery of effective training, from both managerial and staff perspectives. We will share overviews of staff confidence and competence in working in line with the Mental Capacity Act. We will position findings within the context of recommendation development.

Next steps: This is the first national survey of MCA training delivery and implementation in

social care, drawing together the views of managers with individual staff experiences. Findings will be assessed through a series of co–production workshops, with a key outcome being guidance for delivering effective MCA training to social care staff supporting older adults.

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Policy - Consent, legal capacity and decision making

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POS11-15 - Utilising mixed-methods case studies to understand how the Mental Capacity Act is understood, utilised and implemented in care homes for older adults in England and Wales

Louis Stokes[1], Alys Wyn Griffiths[1], Nefyn Williams[2], Kim Smallman[3], Nina Jacob[3], Sion Scott[4], Cara Gates[5], Liz Jones[6], Victoria Shepherd[3]
[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]Leeds Beckett University, [6]PPI representative, The University of Sheffield

Background: The Mental Capacity Act (MCA; 2005) outlines how capacity is assessed and decisions are then made for those lacking capacity in England and Wales. People with dementia, especially in care homes, often rely on its protections. Yet, care staff frequently feel underprepared, reporting limited training and uncertainty in applying the MCA.
Aims: To explore how the MCA is implemented in social care organisations, using in-depth mixed-methods case studies including ethnographic observations, interviews, and informal conversations with residents, families and staff.
Methods: Eight social care organisations were identified from a national survey and invited to be case study sites. Sites were selected to reflect good practice, gaps in training, or clear implementation challenges and enablers, alongside geographical and socioeconomic diversity. Within our focused-ethnographic case studies, we are exploring how staff use training to improve the care they deliver. We are observing training being delivered, observing care practices over several days and asking staff, residents, and relatives about their experiences.
We are utilising ethnographically-informed thematic analysis, with iterative interpretation grounded in our theoretical approach. Transcripts and field notes are double-coded and aligned with an evolving framework. Themes will be compared across settings to build contextualised understanding. Verbal and non-verbal interactions will be analysed

alongside data collection, enabling real-time refinement. Demographics (e.g., tenure, age, gender) will help identify how individual factors shape perceptions. Site-specific narratives will be created by triangulating all data sources. A convergence matrix will support cross-site analysis, mapping agreement, partial agreement, and dissonance.
Results: We will present preliminary study findings, offering in-depth insight into how the MCA is experienced in care homes, from the perspective of residents, staff, and family members.
Next steps: Study results will be used in co-production workshops to inform practical guidance around improving MCA training for staff working with older adults in dementia care.

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Policy - Consent, legal capacity and decision making

07/10/2025 - 10:00-17:30 - POS11. Other dementia policies

POS11-16 - The perspective of older adults with decision-making disabilities on 'inclusive decision-making' in long-term care facilities

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

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). Human rights ask for an inclusive approach to decision-making, in which residents are supported to be maximally involved. This requires understanding how residents want to be involved in decision-making processes. Existing literature on this topic is growing, but often lacks specificity to long-term care, or is limited to certain decision-making domains. Therefore, this study aims to describe how residents in long-term care prefer to participate in decision-making regarding their wellbeing, care, and treatment.

Methods: An open interview study was conducted with 11 residents in three Dutch long-term care facilities, using purposive sampling. Interviewees were asked how decisions about their wellbeing, care and treatment were made, what their view was about the decision-making process, and what they needed to be involved. 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.

Preliminary results*: Preliminary analysis reveals that residents' perceptions of decision-making and involvement were closely tied to their everyday experiences with wellbeing and care decisions. Participants highly valued making their own decisions and even considered decisions that were described as intensively supported by formal and informal caregivers as

their own. Many linked their current preferences of involvement to their past and personality, emphasizing the importance of feeling known by their caregivers. Data collection will continue until data saturation is reached.

Conclusion: Residents' views on being involved in decision-making are largely based on everyday decisions. Caregivers can support residents with DMD in their decision-making and promote a sense of autonomy. Being known by their caregivers appears to be an essential aspect of inclusive decision-making.

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Policy - Research funding

07/10/2025 - 10:00-17:30 - POS11. Other dementia policies

POS11-17 - A non-pharmaceutical intervention campaign (NPIS) to promote legacies to the Foundation

Christine Tabuenca[1], Viviane Montagne[2]
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1 in 2 French people has a relative with dementia. By 2050, 2.3 million people are expected to suffer from dementia, a real public health challenge.

As there is no cure for Alzheimer's disease, the Fondation Médéric Alzheimer has made non-medical interventions a priority, promoting their understanding, implementation and evaluation in order to encourage them to take root in the field.

The aim of this first campaign to promote legacies, donations and life insurance policies in favour of the Fondation Médéric Alzheimer is to remind us that every citizen can make a difference in the fight against Alzheimer's disease. By leaving a legacy, a donation or a life insurance policy in favour of the Foundation, you can help improve the daily lives of those affected and slow down the progression of the disease.

This campaign is based on NPIS, which are key solutions for improving the cognitive, psychological, social and physical functioning and, more generally, the quality of life of people with Alzheimer's disease or a related condition. They also aim to improve the quality of life of family carers, without forgetting their role in disease prevention.

It was broadcast free of charge on French television.

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Policy - Research funding

07/10/2025 - 10:00-17:30 - POS11. Other dementia policies

POS11-18 - Pathways to Participation – Assessing Barriers and Enablers to Participation in Dementia Research

Lukas Duffner, Soraya Moradi-Bachiller, Ana Diaz, Dianne Gove, Angela Bradshaw, Jean Georges
Alzheimer Europe

Background: The ongoing recruitment crisis in dementia research highlights the importance of understanding public attitudes and experiences related to study participation. This scoping review aimed to examine current evidence on the factors that hinder or support the recruitment and retention of participants in dementia research.

Method: A scoping review was conducted using the PubMed and PsycINFO databases, guided by the Arksey and O'Malley methodological framework. A piloted keyword profile was used (detailed protocol: osf.io/n8j4u). Titles, abstracts, and full texts were independently screened by two reviewers, and data were extracted based on predefined criteria. Identified barriers and facilitators were organized into thematic categories. Additionally, feedback was gathered from a panel of people living with dementia and their carers, who provided reflections on the review findings.

Result: A total of 45 studies, involving 112,011 participants (average age 69.3 years; 64.8% female), were included in the synthesis. Most studies were based in the United States and focused on clinical dementia research, with a predominant focus on recruitment rather than long-term retention. Seven overarching themes emerged as barriers: (1) mistrust; (2) fears, worries and concerns; (3) beliefs, awareness, and attitudes; (4) logistical and practical challenges; (5) characteristics of the study itself; (6) informational barriers and (7) the role of carers and support networks. Enablers included personal motivations (e.g., desire to help others, interest in gaining health insights) and external facilitators (e.g., tailored engagement strategies, logistical accommodations).

Conclusion: Despite existing knowledge gaps, many of the identified barriers to participation in dementia research are modifiable. Strategic interventions targeting these

modifiable issues may improve both recruitment and retention, enhancing inclusivity of dementia research and the representativeness of findings.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-02 - Co-designing technological solutions to loneliness with people with dementia or Parkinson's and their carers

Elisabeth Grey[1], Matthew Wragg[1], Emily Nielsen[1], Patrycja Nasiadka[1], Megan Pardoe[1], David Ellis[2], Sarah Campbell[3], Lukasz Piwek[2]
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Prevalence of loneliness is higher among people with dementia and Parkinson's compared to people without these disorders. Neurodegenerative disorders can make standard social contact difficult, and the experience of loneliness is associated with declines in quality of life and physical and mental health. Higher rates of loneliness are also found among people with caring responsibilities. Loneliness is a subjective state in which a person perceives their social needs not to be met. Rather than a simple construct resulting from perceived low levels of communication, loneliness can occur when any one of an individual's expectations for social relationships is not reached (for example, expectations for enjoyment, intimacy and support).

Interventions to address loneliness have employed technology to enable communication between geographically separated people (e.g., online forums, video call platforms). However, evidence of their effectiveness in reducing loneliness is limited and of poor quality. Further, few interventions have been developed or tailored specifically for people with neurodegenerative disorders or their carers. To address loneliness among these groups and facilitate higher quality evidence gathering, there is a need for interventions that consider the complexity of loneliness and target the specific difficulties in making social contact that these groups face.

In response, this research adopts a co-design approach to developing technologies to address loneliness among (a) people with dementia or Parkinson's and (b) carers. Through a series of co-design workshops, we first look at experiences of loneliness, identify social needs, and gather perceptions of familiar and novel technologies. Then, employing creative techniques facilitated by an artist and critiquing low-fidelity designs and 3D-printed models, we iteratively develop prototype technologies for each group. Findings provide novel

insights into the specific social needs and functional requirements among these groups, providing recommendations for future research alongside technological innovation.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-03 - Ethical issues associated with Assistive Technologies for Persons Living with Dementia and Their Caregivers – An overview of reviews

Anthony Scerri[1], Frederick Schou Juul[2], Rosa Silva[3], Rodrigo Serrat[4], Adrienne Grech[1], Gabija Jarašiūnaitė Fedosejeva Vytautas[5], Montserrat Celdrán[4], Elzbieta Campos[6], Christian Borg Xuereb[1], Nilufer Korkmaz Yaylagul[7], Melina Evradopu[8], Isabel Machado Alexandre[9], Siguurd Lauridsen[2]
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Introduction: Assistive technologies offer significant promise in improving the quality of life for individuals living with dementia and their carers, particularly by addressing concerns related to safety, independence, and social connectedness. Although various studies have explored the ethical implications of these technologies, no comprehensive overview of reviews currently exists to consolidate the available evidence. This study aims to classify the ethical issues associated with assistive technologies in dementia care using established ethical principles and to examine the contextual factors that influence the ethical discourse surrounding their design and implementation.

Method: A systematic search was carried out across nine electronic databases, targeting reviews published over the past two decades that placed substantial emphasis on ethical considerations. The synthesis of data was guided by the framework synthesis method proposed by Carroll et al. (2011).

Findings: Out of 509 initial records, 15 reviews were selected that specifically addressed ethical issues in a significant way. Key concerns identified included the preservation of

autonomy, the safeguarding of privacy, and ensuring equity and accessibility. While assistive technologies are recognised for their potential to enhance personal safety and support independent living, ongoing ethical challenges such as surveillance, depersonalisation, and stigmatisation remain. The ethical debate is influenced by a range of factors, including stakeholder priorities, the variable progression of dementia, differing ethical frameworks and care models, cultural contexts, and the anticipated impact of future technological developments.

Conclusion: This review highlights the multifaceted ethical landscape surrounding assistive technologies in dementia care. It demonstrates how ethical considerations are shaped by a complex interplay of contextual and philosophical factors, underlining the importance of ethically informed design and implementation strategies that are responsive to the needs of both persons with dementia and their caregivers.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-05 - Co-Design for Dementia: Using Participatory Action Research to Develop a Holistic Digital Health Self-Management Platform for Persons with Dementia and their Carers

Dympna O'Sullivan[1], Julie Doyle[2], Michael Wilson[2], Jonathan Turner[1], Harish Kambampati[1], Orla Moran[2], Siobhan O'Neill[3], Suzanne Smith[2], Damon Berry[1]
[1]Technological University Dublin, [2]Dundalk Institute of Technology, [3]Health Services Executive

People living with dementia and their carers face several challenges along the dementia care pathway, including delayed diagnosis and gaps in services and care. Digital health solutions hold promise to fill these gaps and empower self-management for independent living at home.

This research presents the co-design of a holistic digital health self-management platform for persons living with dementia and their informal carers, developed through participatory action research methods. Recognising the lived experience of users as central to design, this study involved iterative cycles of inquiry, reflection, and collaborative design with people living with dementia, informal carers, healthcare professionals, and charity workers. Across interviews, focus groups, and co-design workshops, participants shaped the development of a platform that meaningfully responds to their needs.

The platform integrates multiple innovative components to support both independent living and caregiving. It features a visual care planning tool, allowing individuals and carers to track activities of daily living, appointments, and goals in a format that is easy to interpret and adjust. Home-based sensing technologies are used to monitor wellbeing and behaviour unobtrusively, feeding data into the care plan. Cognitive exercises and wellbeing activities are embedded to promote engagement and slow cognitive decline. These are supported by

AI-driven personalisation, which adapts recommendations and insights to the individual's evolving condition and context.

A core design principle is information simplification and progressive disclosure—ensuring that the right information is presented at the right time, tailored to the cognitive load and emotional state of users. This empowers users and carers to manage health and care tasks without being overwhelmed.

Through co-created personas, journey maps, and interactive prototypes, the platform was continuously refined with stakeholder input, ensuring usability and relevance. This participatory approach highlights how human-centred design and inclusive innovation can address the complex needs of dementia care.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-06 - From Diagnosis to Advanced Care: Exploring the Role of Technology in Supporting Dementia Informal Carers

Julie Doyle[1], Orla Moran[2], Michael Wilson[2], Jonathan Turner[3], Harish Kambampati[4], Dympna O'Sullivan[3]
[1]Dundalk Institute of Technology, [2]NetwellCASALA, Dundalk Institute of Technology, [3]Digital Futures Research Hub, Technological University of Dublin, [4]Digital Futures Research Hub, Technological University Dublin

Dementia currently affects approximately 55 million individuals worldwide, with informal carers - often family members - providing the majority of long-term support throughout the disease trajectory. These carers experience escalating emotional, physical, and financial burdens as dementia progresses, yet there remains limited research examining their evolving needs across the entire care continuum, and how technology might support them and adapt as their needs evolve. This qualitative study addresses this gap through in-depth interviews and focus groups with 19 informal carers, exploring their experiences from diagnosis to advanced stages of care. A collaborative thematic analysis identified four overarching themes: the Dementia Care Continuum; Leveraging Strategies and Technologies; Navigating Supports and Services; and Impact on Family and Carers.

Findings reveal systemic barriers to early diagnosis, fragmented healthcare pathways, and a widespread lack of psychological, informational, and respite support for carers. Participants described employing adaptive strategies and repurposing everyday technologies to manage evolving care needs. However, challenges such as behavioural deterioration, medication adherence, and carer burnout were recurrent. The study highlights how carers creatively integrate digital tools, yet also illustrates the limitations of these tools and the inconsistent availability of formal services.

This work contributes to the growing body of research on human-centred computing by proposing the design and deployment of responsive, stage-specific technological interventions. It argues for a multi-component digital platform co-designed with carers, capable of addressing both practical and emotional needs across different stages of the dementia journey. Such technologies should facilitate

early symptom recognition, support transitions to formal care, promote social and psychological wellbeing, and enhance the carer's ability to provide safe, sustained support. Ultimately, this research underscores the importance of designing holistic, scalable digital solutions that reflect the lived realities of informal carers and the complex dynamics of dementia care.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-07 - An approach to examine experiences with technological non-pharmacological interventions and sleep in home-living people with dementia and informal caregivers

Chantal Huisman[1], Rens Brankaert[2], Marcel Loomans[2], Mirjam van Tilborg[2], Helianthe Kort[2]
[1]University of Applied Sciences Utrecht, [2]

Sleep problems are common in people with dementia (PwD) (Cipriani et al., 2015; Koren et al., 2023). Sleep disturbances have a negative impact on well-being, daytime functioning, quality of life, and the progression of dementia (Kinnunen et al., 2017), but also affect informal caregivers. Sleep disturbances are a factor in predicting caregiver stress (Rowe et al., 2008) and poor sleep is associated with a worsening ability to provide care (Gao et al., 2019). Therefore, it could lead to earlier nursing home admission (Livingston et al., 2017; McCrae et al., 2016). There are several strategies to manage sleep problems. People have their own strategies (e.g., going to bed together), there are pharmacological strategies, but there are also non-pharmacological strategies (NPS). These are important because people's own strategies and medication are often not sufficient (Reynolds & Adams, 2019).

The NPS tested in this study are related to 1) technological applications and 2) to the built environment. The WHO highlighted the importance of the use of technology to improve dementia care (World Health Organization, 2017), and despite the potential of certain interventions they are often not widely adopted (Kort & Van Hoof, 2012; Wouters et al., 2019). There lies an opportunity in improving the indoor environment, such as temperature and lighting, since they impact sleep (van Hoof et al., 2010). In addition, understanding the context and specific sleep problems and the environment is necessary to support sleep with NPS. In this study we examine experiences of PwD and informal caregivers with a specific NPS to support sleep at home, using an approach. This approach comprises 1) people-context, 2) sleep monitoring, 3) technology-based interventions, and 4) built environment related factors. This approach has proven to be useful in capturing the experience of community living PwD with non-pharmacological interventions related to their sleep quality.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-08 - Effects of Cognitive-Motor Stepping Training on Dual-Task Walking Performance in Older Adults with Mild Cognitive Impairment: A Randomized Controlled Trial

Yingyi Liao
national taipei university of nursing and health sciences

Background: Older adults with mild cognitive impairment (MCI) frequently encounter difficulties when performing complex walking tasks, particularly those requiring simultaneous cognitive engagement. To address these challenges, an interactive training program combining stepping exercises with cognitive tasks was developed.

Objective: This study aimed to examine the effects of cognitive-motor stepping training on dual-task walking performance in older adults with mild cognitive impairment.

Materials and Methods: A single-blinded randomized controlled trial was conducted involving 21 older adults diagnosed with MCI, who were randomly assigned to either a cognitive-motor stepping group (n = 11) or a physical training group (n = 10). Over a 12-week intervention period, participants completed 36 training sessions. The cognitive-motor stepping group engaged with an interactive ground projection system that integrated stepping exercises with cognitive tasks. The physical training group received traditional interventions, including stepping, strengthening, and balance exercises. Primary outcomes included gait performance during normal walking and dual-task walking, with dual-task conditions involving both cognitive and motor challenges.

Results: No significant group-by-time interaction effects were observed for normal walking or motor dual-task walking performance. However, the cognitive-motor stepping group demonstrated significantly greater improvements in walking speed ($p = 0.004$) and reduced

dual-task cost ($p = 0.006$) during cognitive dual-task walking compared to the physical training group.

Conclusion: Cognitive-motor stepping training significantly enhances cognitive dual-task walking performance in older adults with mild cognitive impairment. These findings suggest that integrating cognitive and motor training may be an effective intervention strategy to improve mobility and dual-task capabilities in this population.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-09 - Do you ever think about dying? Exploring acceptance, grief and togetherness through the mediation of technologies while living with dementia

Francesca Toso, Lonneke Lenferink, Cristina Zaga
University of Twente

In this abstract we report the results of a workshop conducted with researchers in the field of technology and human-computer interaction for people with dementia. The workshop revolved around the grief process when the diagnosis is received, focusing on how different people touched by it (the person with dementia, family, friends, others) respond to and address the illness. In the session, we explored the design space surrounding the diagnosis of dementia and the role that technologies can have in supporting the stakeholders in the processes of acceptance, pre-grief, preparedness and bereavement.

By involving researchers that focus on the design of products acting as mediators between the person with dementia and their (in)formal caregivers, we aimed to explore how through the design and the aesthetics of products, services, tools, and environments people can address uncomfortable conversations and sensitive topics related to preconceptions and stereotypes of dementia. The activity was conducted with in mind the ethical values behind the conception of products, services, tools, and environments for people with dementia, aiming to provide a just and fair representation beyond common misconceptions. Within the workshop, the taboos accompanying the emerging grief connected to the diagnosis and the following stages of dementia (e.g., grief following loss of social life, grief following loss of identity etc.) have been discussed.

In the context of this conference, we want to report some findings and conversation that emerged from the workshop, resulting in an extensive mapping of the stakeholders involved in different phases of the journey with dementia and the relational aspects connecting them in each phase. Eventually, we will outline a series of guidelines for the design of technologies supporting the acceptance and grieving of the person with dementia while

engaging the pre-grieving loved ones in a process of preparedness towards, hopefully, a healthier grieving process.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-10 - AI and quality of life of people with dementia: A study on AI to and unstructured narrative observational data.

Dirk Steijger[1], Mark Scheper[2], Robert Willigen[2], Hannah Christie[3], Marjolein De vugt[4], Hilde Verbeek[5], Sil Aarts[5]
[1]Maastricht University, [2]University of applied Science, [3]Royal college of surgeons, [4]Maastricht university.nl, [5]Maastricht university

Assessing the quality of life (QoL) of people with dementia in long-term care is essential for person-centred care but remains difficult due to communication barriers and limitations of standardised tools. The Maastricht Electronic Daily Life Observation (MEDLO) is an observation tool that assesses behavioural, emotional, and environmental aspects of daily life, using both structured and narrative data. However, narrative data is difficult to analyse manually, as it is time-consuming and difficult to scale. This study explored how MEDLO narrative data could reflect language patterns associated with QoL domains in people with dementia using natural language processing (NLP). If so, NLP could be integrated into the MEDLO app to enable real-time QoL feedback and support person-centred care in long-term care.

Data from 175 people with dementia originating from the Green Care Farms project in the Netherlands were analysed. MEDLO's narrative data—describing emotional states, environments, social interactions, and activities—was processed using GPT-4. NLP techniques included word frequency analysis, sentiment analysis, and topic modelling, with results mapped onto Lawton's (1983) QoL framework.

The analysis revealed frequent expressions of positive affect and social engagement. Positive expressions co-occurred with social and activity-based contexts, while negative expressions related to isolation or low stimulation. Sentiment analysis of the top most positive and negative terms per QoL domain showed predominantly negative sentiment: psychological well-being (positive/negative ratio = 0.22; 82.1% negative),

behavioural competence (0.31; 75.1%), objective environment (0.25; 79.8%), and perceived QoL (0.32; 75.6%). Topic modelling identified eight themes, most spanning multiple domains, underscoring QoL's multidimensional nature.

Findings suggest that MEDLO's narrative data contains language patterns that reflect distinct aspects of each QoL domain in people with dementia. NLP can efficiently extract emotional, social, and environmental information, highlighting the potential to integrate NLP analysis into MEDLO to enable real-time QoL feedback and support person-centred care in long-term care.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-11 - Development of Dementia friendly eyecare in the Netherlands

Mirjam van Tilborg[1], Arjan Keuken[2], Lisette Altena[1], Anne Erren[3], Chantal Huisman[3]
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Diminishing visual impairments is crucial for older people living with dementia to maintain their independence and live longer at home. Visual impairments can result from cognitive decline and contribute to accelerated deterioration of cognitive abilities (Zhang et al., 2023). They are associated with modifiable visual factors, such as uncorrected refractive errors and cataracts, highlighting the potential of targeted eye care (Ehrlich et al., 2022). Early treatment can support daily functioning and improve quality of life (Bowen et al., 2016; Piano et al., 2022). Although early diagnosis of eye pathology in general is necessary, visual functioning can be declined by diagnosis. By testing visual functions such as contrast sensitivity, visual field and color vision next to visual acuity, possible necessary adjustments in the home environment can be given. For example lighting advice to improve contrast. But also the enhanged use of assistive technology so the functional independence will remains longer, and the risk of falls decreases (Patel et al., 2020).

These insights show that the organisation of dementia-friendly eye care is essential to the broader policy discussion on chronic and elderly care. However, practical implementation is not straightforward (Piano et al., 2022). Effective integration of eye care requires attention to both the substantive aspects of care and the organisation of governance, policy, and decision-making (Buja et al., 2018). As the end goal is to develop dementia friendly eyecare in the Netherlands, For that the backdraft research methodology is used. This presentation will focus at this method used, explaining the determination of acceptable evidence and by that the choice of the appropriate research methods. By explaining our research journey, outcomes and pitfalls experienced so far. This choice vs a back casting design will also be discussed.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-12 - Enhancing person-centered communication in memory clinics: a co-design approach

Tanja de Rijke[1], Kyra Kaijser[1], Dianne Vasseur[2], Hilal Tasköprü[1], Lotte Huisman[1], Aniek van Gils[1], Carolien Smits[3], Vera Otten[4], Cynthia Hofman[2], Minke Kooistra[4], Ellen Smets[1], Thomas Engelsma[1], Leonie Visser[1]
[1]Amsterdam UMC, [2]Vilans, [3]Pharos, [4]Alzheimer Nederland

Introduction: This study aimed to co-design a solution to enhance person-centered communication in memory clinics, in collaboration with people with cognitive complaints, care partners, and clinicians.

Methods: In Phase I, group discussions were held to define the problem in collaboration with a co-research team comprising people with dementia (n=4) and trained researchers (n=3). Phase II involved six iterative co-design sessions to develop potential solutions in collaboration with people with cognitive complaints (n=3), care partners (n=2), and memory clinic professionals (n=3). In Phase III, we conducted a usability and user experience study, including concurrent think-aloud sessions, questionnaires, and focus groups with people with cognitive complaints (n=30), care partners (n=4), and memory clinic clinicians (n=17), to evaluate both the digital and analogue prototype.

Results: In Phase I, co-researchers expressed that providing clinicians with a complete picture of their situation and personal context is important, but often challenging. Phase II identified topics that participants would like their clinician to know, such as their social network, leisure activities, and character & personality. Subsequently, low-fidelity analogue and digital prototypes were developed through co-design. Usability and user experience testing indicated that most people with cognitive complaints, care partners, and clinicians have a positive attitude towards the

prototypes, but indicate several areas for improvement, for instance, regarding navigation, colour contrast, understandability of texts, implementation, clarity of purpose, and minimizing cognitive overload.

Discussion: The results informed the design and development of two prototypes. Usability and user experience testing highlighted areas for improvement and provided concrete recommendations for re-design. Follow-up research should assess feasibility in a real-world clinical setting and implementation on a personal, inter-personal, and systemic level. Designers, researchers, clinicians, and policy makers may use our findings to improve the usability of other tools, aiming to improve person-centred communication in the memory clinic for people with cognitive complaints.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-13 - An overview of the use of digital technologies by older people over the age of 45 and their caregivers

Christine Tabuenca[1], Natacha Merilhou[2]
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Introduction: Since 2017, the Fondation Médéric Alzheimer has been monitoring technologies that can improve the quality of life of people with dementia. The rapid and flexible acquisition of assistive technologies is essential to meet the evolving needs of these people as the disease progresses.

However, the difficulty of accessing appropriate advice remains a major barrier to technology adoption, although players from different backgrounds are addressing these issues. The Fondation's ambition is to establish a technology resource centre to help people with Alzheimer's and their carers to adopt these technologies.

As a first step, a study will be conducted to measure older people's acceptance of technology in order to address the challenges of digital devices in the face of functional and cognitive decline and subsequent loss of autonomy in people with dementia.

Material and method: This study will take the form of a survey to assess knowledge, understanding, adherence, desirability and their actual and/or potential daily use of technologies. The aim is to create an inventory of technologies designed for older people with cognitive impairments and to list the support/coaching available for learning and using these technologies.

The main findings of this study identify the everyday needs of people aged 45 and over. In addition to the health, participation and inclusion of people with dementia, the impact of new digital technologies/devices for prevention, care and support can also benefit the elderly person's home environment.

Discussion and conclusion: The evolution of society is modifying the reluctance to use technologies, which used to be a brake on their integration into the care and life path; a technology resource centre can provide recommendations/advice in terms of assessment tools for digital prevention, care and support devices.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-14 - Facilitators for, barriers to, and recommendations for implementing a social robot in nursing home for people with dementia

Hanneke Smaling, Sterre Visser, Tosca van Hoorde, Wilco Achterberg, Xu Jingyuan
Leiden University Medical Center

Background: Social robots have the potential to improve well-being of nursing homes residents with dementia and alleviate workload for staff. This study investigates influencing factors for the implementation, challenges, and recommendations from staff for the implementation of the social robot SARA in a nursing home for people with dementia.

Method: This qualitative study used field notes and 9 semi-structured interviews with healthcare professionals from one Dutch nursing home. Staff registered incidents and solutions throughout the study. Thematic analysis was conducted with a hybrid inductive and deductive approach to identify facilitators and barriers that influence the implementation. Content analysis was used to classify incidents, solutions, and recommendations.

Results: A total of 39 incidents were reported. The majority of the incidents were related to incorrect use by staff, and some were related to rejection of the robot by residents. Solutions for the incidents included additional instructions to staff and contact with the supplier. Facilitators and barriers influencing the implementation were grouped into five themes: properties of SARA (user-friendliness, contact with supplier, design, added value, and technical aspects), resident-specific characteristics (resident factors, customized use, dementia-specific factors), healthcare professionals' attitudes (acceptance and beliefs, competence, motivation), innovation readiness of the organization (available resources, relative priority), and implementation process (well-functioning team, planning, engaging, execution in practice, evaluation and reflection). Recommendations included providing clear instructions about the functions and capabilities of the robot to help staff understand SARA's added value, involving all healthcare professionals when introducing SARA,

conducting systematic evaluations, and tailoring the robot's content to the interests and needs of the individual residents.

Conclusion/Discussion: For successful implementation of social robots in dementia care, it is important to ensure sufficient training and guidance for staff, to motivate them by highlighting the added value of the robot, and to tailor the content of the robot to the resident.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-15 - Effect of social robot SARA on nursing home residents with dementia

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Leiden University Medical Center

Background: Social care robots can offer person-centered activities to improve the quality of life (QoL) of nursing home residents with dementia. This study investigates the effect of the social robot SARA on Dutch nursing home residents with dementia.

Method: This mixed-methods study consisted of a baseline (two weeks), intervention (3 weeks), and post-intervention period (two weeks). After each period, staff completed questionnaires on QoL (EQ-5D-5L, QUALIDEM), and challenging behavior (NPI). Multi-level modeling was used to compare the intervention and post-measurement periods with baseline. Interviews were conducted with residents and staff on their experience with SARA. The interviews were analyzed using an inductive content analysis. Data were collected between May and December 2024.

Results: Of the 28 participating residents, 16 were interviewed. Nine interviews were performed with staff. Among the residents who could understand the interview questions, most were positive about SARA, especially about the appearance, quizzes, games, and music. Staff mentioned varied degrees of acceptance and engagement, depending on how well SARA's content matched the situations and the cognitive ability, interests, and needs of the residents. They noticed that in some cases, SARA reduced stress, improved mood, provided company, and increased interaction among the residents. In case of a mismatch, the robot had no effect or increased the stress. Quantitative analyses showed non-significant small effects on challenging behavior, and overall QoL. A significant reduction in the care relationship dimension of QoL was found post-intervention compared to the baseline (QUALIDEM: -11.61; 95% CI [-19.54; -3.58]).

Conclusion/Discussion: SARA has the potential to reduce challenging behavior in nursing home residents with dementia but the effect depends on whether the content matches the

situation and the resident. Further research is needed to explore the discrepancy between qualitative and quantitative findings of SARA's effect on care relationships and overall quality of life.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-16 - A Delphi Consensus on Technology to Support People Living with Dementia and Caregivers

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The INTERDEM Assistive Technology taskforce conducted a Delphi study to explore existing and future challenges related to the development, usability, cost-effectiveness, implementation, and ethics of assistive technology for people living with dementia and their caregivers. The Delphi study was conducted online in two rounds. A total of 106 participants from 16 countries responded to the Round 1 survey, including respondents from Ireland (n=42), the United Kingdom (n=25), Portugal (n=16), the Netherlands (n=10), Belgium and Germany (n=3 each), and other countries such as Australia, Greece, Italy, Norway, Poland, Spain, and Switzerland (n=1 each).

Of the 19 initial statements, 18 were agreed or strongly agreed by over 75% of participants. One statement, "Technology does not always fit well in the current healthcare practices and this is a barrier to its use," did not reach the 75% threshold and was excluded. Based on feedback from Round 1, 13 statements were revised and five new ones were developed; all were circulated in Round 2.

In Round 2, 47 participants from 10 countries responded, with full agreement on the revised and new statements meeting the consensus threshold. The final 23 statements emphasize the need for user-centred, ethical, simple, and accessible solutions, developed in collaboration with those affected by dementia. These findings refine earlier recommendations and highlight ongoing challenges such as the digital divide and the underrepresentation of diverse user groups in AT research. Future efforts must focus on prioritising inclusivity, equity, and real-world usability to enhance independent living and dementia care.

Keywords: assistive technology, dementia, caregivers, technology.

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Care approaches - Assistive technologies

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-17 - Pet robots in nursing homes – reciprocal interactions with people in later stages of dementia through playful and responsive approaches

Simone Anna Felding, Sonja Teupen, Martina Roes
German Center For Neurodegenerative Disease, DZNE Witten

Background: In recent years, there has been an increasing interest in social robots, including pet robots, and their use in the care of people with dementia, including research on the development, effectiveness and implementation of social robots. There is, however, a lack of qualitative research with a focus on how people in the later stages of dementia react to and interact with social robots.

Methods: Based on five months of ethnographic fieldwork in a Danish nursing home for people with dementia, we explored the use of pet robots in everyday life in a nursing home for people with moderate to late stage dementia.

Results: In everyday practice, the use of pet robots depends on assemblages of human and nonhuman actors and the unwritten rules of the context in which they are implemented. We found that pet robots are fluid creatures in the nursing home that need flexible and present facilitation to work. Along the lines of social health, emphasizing the abilities of residents with dementia and aiming for empowering, reciprocal relations with residents opens up for new ways of framing and understanding pet robot interactions in dementia care.

Conclusion: Social robots often come to embody imaginaries of the future and represent an either dystopian or utopian view of a future, where technologies take over the tasks of human carers. We found, however, that the pet robots do not work alone in the nursing home. Rather than being a solution to challenges with lack of carers, pet robots are a tool, which can be used to co-create creative and playful interactions together with people with

dementia, leaving behind hierarchies of institutional dementia care if facilitators dare to play along.

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POS12-18 - Insights from DIGIT: the Dementia International expert Group on Interactive Technology

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With the increasing number of people living with dementia, we need to rely increasingly on innovative technologies to support people with dementia and their carers. However, in this domain, transnational and transdisciplinary research is limited, which results in a slower uptake of innovative assistive technologies and inaccessible technologies. A main challenge is that participatory research with people living with dementia in technology research remains limited.

With the **DIGIT expert group** we want to advance the field of participatory design for people with dementia in the context of developing and evaluating (interactive) assistive technologies.

The **DIGIT expert group** aims to bring together technology, design and dementia experts to set future research agendas and policies regarding interactive technology design and research. This is done throughout three transnational workshops. We contribute to best practice guidelines for participatory research and aim to accelerate innovative technologies.

In the workshops we identified recent state-of-the-art participatory and technology research. Based on these insights, in depth discussion and expert consultation we formulated four future research challenges: (1) Statistical significance VS real-world impact – Care sectors require medicine level evidence for technology interventions, hampering innovation; (2) Emerging Technologies in Dementia such as AI provide an opportunity to cater for cross-cultural lived experiences, as long as we are willing to accept unpredictability; (3) Working in practice, we should embrace the messiness of participatory design with people living with dementia and report accordingly; (4) We see many challenges to cater for diversity and accessibility to dementia care and technology, we argue for an equity approach.

This project aims to build a strong network in the domain of dementia and technology to support ongoing research, bring various stakeholder perspectives and disciplines into technology research, and provide a roadmap for future research regarding novel technologies to support those affected by dementia to live well.

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07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-19 - AI4Hope Project: Digital Tools for Emotional Support in Dementia Care

Francisco Madueño[1], Álvaro Aliste[1], Sergio Peña[1], Marteyn van Gasteren[1], Rodrigo Sedano[1], Rosa Almeida[2], Teresa Cid-Bartolomé[2], Alejandro Maeso[2], Raquel Losada[2]
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In Europe alone, as of 2018, 9.7 million people suffer from Alzheimer's disease and other forms of dementia a number projected to reach 14 million by 2030. Within the Horizon Europe funded project AI4HOPE (GA: 101136769), we are developing a suite of digital health interventions co-designed with people living with dementia to enhance emotional wellbeing, reduce stress, and enhance quality of life through accessible and personalized experiences.

Recent advances in immersive technology offer new opportunities for non-pharmacological interventions. Part of the AI4HOPE research focuses on two complementary interactive tools for people in early to mid-stage dementia. The first, provides an immersive virtual environment that simulates calming natural environments combining audiovisual relaxation to maximize the feeling of tranquillity and comfort. It includes active and passive music therapies, memories-evoking content, and adaptive cognitive games, capable of adapting the contents to the user's current abilities, to support anxiety reduction, emotional engagement and motivation.

The second tool, *Gradior Multisensorial*, is a VR-based intervention grounded in mindfulness and multisensory stimulation, inspired by neuropsychological principles and the Snoezelen approach. It offers interactive emotional, relaxation, and activation immersive zones, including 360° audiovisual content supporting visual, auditory, and proprioception-

based interaction. The tool is designed for intuitive use, supports therapist supervision, and allows personalization through sensorial profiles.

These immersive interventions aim to provide enjoyable, low-burden, and meaningful digital experiences tailored to the preferences and needs of people with dementia. Beyond usability, they allow the scientific evaluation of emotional wellbeing and stress responses, using a personalized approach that goes beyond previous VR-based studies by addressing the unique and diverse needs, values and preferences of people living with dementia. AI4HOPE contributes to a new generation of ethical, non-pharmacological digital tools that foster emotional connection, reduce anxiety, and support autonomy advancing a more dignified, inclusive, and person-centred approach to dementia care.

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POS12-20 - An exploration of exergaming for people living with dementia in long-term care settings: A scoping review

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The prevalence of dementia continues to increase globally and due to the nature of the condition more people are living in long-term care (LTC) settings to support their needs. As there is no current cure for dementia, a key focus within LTC is the provision of meaningful and therapeutic non-pharmacological interventions. Exergaming is a non-pharmacological intervention which combines exercise and digital gaming, and this review aims to explore exergaming and its impact on people with dementia living in LTC settings.

Searches were completed accessing CINAHL, PsychINFO, MEDLINE, PubMed and OVID. A thorough search strategy was applied to ensure the yielded results were applicable. Eighteen studies were selected with various methodological approaches and common themes were identified through the process of thematic analysis.

Through the analysis and synthesis of the literature it was found that exergaming has positive impacts on the wellbeing, physical health, cognition and social inclusion of people living with dementia in LTC settings. The importance of ensuring that interventions are person-centred resonated throughout the review, and a key aspect of exergaming is its adaptability which enables this.

Exergaming is an innovative, non-pharmacological intervention for people living with dementia in LTC settings, and has several, proven multidimensional benefits. Exergaming is seen to challenge stigmas and misconceptions, and target organisational and condition-related barriers to high quality care. Furthermore, due to its versatile and adaptable nature it can be developed into an effective, person-centred and accessible intervention which promotes independence, choice and identity for people living with dementia. The feasibility,

useability and the practicalities of implementation were critically explored and it is recommended that further research is required to investigate these concepts.

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POS12-21 - Empowering Caregivers, Engaging Patients: A Personalised App for Dementia Care

Isabel Machado Alexandre[1], Ruben Oliveira[1], Catarina Pereira[2], Leonor Barardo[2], Constança Ferreira[2], Ana Morais[2]
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Dementia is a complex neurodegenerative disorder characterised by cognitive and behavioural impairments, including deficits in memory, reasoning, and activities of daily living. The condition affects not only people with dementia (PwD) but also their families. Frequently, informal caregivers lack adequate preparation or training to provide the necessary support, despite their relatives requiring continuous and personalised assistance to adapt to evolving challenges.

This study addresses this issue by developing a mobile application designed to assist informal caregivers in dementia care. The app monitors exercise and psychomotor performance and progression, with caregiver support, and tailors psychomotor therapy exercises to the individual needs of the PwD, enabling continuous treatment with real-time professional oversight. Leveraging evidence-based therapeutic frameworks, the system generates step-by-step plans and dynamically adjusts activity and exercise difficulty, and repetition counts based on the PwD's medical history and prior performance.

Designing for dementia care presents several challenges related to the unique needs of the target population (PwD and their caregivers), including heterogeneous symptom progression, caregiver burnout, and time constraints. A critical consideration is the variability in cognitive states, which necessitates robust and immediate adaptation to prevent frustration and ensure sustained engagement.

The application employs adaptive algorithms, including threshold-based algorithms to modulate exercise complexity; fuzzy logic to translate qualitative caregiver feedback into

quantifiable metrics, and collaborative filtering and pattern recognition to recommend exercises for users with similar profiles (using anonymised cohort data).

Additionally, the system addresses ethical concerns through multi-stage consent protocols, bias mitigation algorithms, and restricted data access. Co-design with stakeholders ensures an appropriate level of care automation, avoiding over-reliance on technology, while delivering tailored, age-appropriate interfaces.

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POS12-23 - Socio-technical innovations in the context of dementia: perspectives of critical gerontology

Claudia Kaiser
Ostfalia - University of Applied Sciences

In summer 2020, Germany adopted a National Dementia Strategy. The aim is to sustainably improve the situation of people with dementia and their relatives in all areas of life. Among other things, the strategy addresses digital technologies, which are to be used in the prevention and diagnosis of dementia-related illnesses on the one hand and to provide better support and relief for people with dementia, their relatives and professional caregivers on the other. In its “Global action plan on the public health response to dementia 2017-2025”, the World Health Organization also calls for multidisciplinary research into technical innovations, health technologies and assistive technologies.

Against this background, the paper addresses the opportunities and challenges that are associated with the use of digital assistive technologies in the context of dementia. To this end, examples of socio-technical innovations and their possible application scenarios for people with dementia are presented. These include i) products and systems to activate and promote communication, ii) products and systems to support coping with everyday life and to promote safety, and iii) robots with socio-emotional functions. From the perspective of critical gerontology, the specific opportunities and challenges arising from the use of assistive technologies in the context of dementia will be discussed.

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POS12-24 - Get There Together

Natalie Elliott
NHS Wales

Get There Together was driven by the needs of people living with dementia within the post-pandemic recovery agenda, considering the impact on health & wellbeing, daily routines and interaction with the community.

Video and leaflet resources were created cross Wales (UK) with a walk-through of community locations and services. These aimed to provide an opportunity for rehearsal, lessen anxiety, encourage independence, inclusion, and reduce isolation.

A national group was established that developed processes and guidance. A training programme on creating videos ensured consistency across Wales. Regional multiagency subgroups were informed by their local communities. A mixture of local and national resources were created, examples included: parks, leisure attractions, health and care services, shops, libraries.

During the pandemic, over 100 videos were freely available, many highlighting COVID-19 safety measures, such as hand sanitiser points and social distancing measures. The video pages were viewed <1.2 million times over a 12-month period.

The project used a continuous process of engagement and improvement methodology. We learnt that video resources are highly valued and continue to help people beyond the pandemic. In response to feedback from people with dementia, the Get There Together App was created and recently published.

The free App offers an updated library of videos that continue to have relevance post-pandemic. Additionally, users & their supporters can create their own digital stories, (with simple guided steps that are built into the app), to have personalised content tailored to

individual needs for activities and routines. A Day Planner enables multiple videos to be saved and organised in a series to plan tasks such as preparing for a day out.

Videos continue to be developed and added to the *Get There Together* library. An evaluation form is built into the app; we continue to learn and be informed by our users.

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Care approaches - Assistive technologies

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POS12-25 - Supporting people with emerging cognitive difficulties in the workplace: potential for assisted technology?

Arlene Astell[1], Emma Dixon[2], Elizabeth Gilman[2], Kandianos Sakalidis[1]
[1]Northumbria University, [2]Clemson University

Objectives: For individuals who are in employment, Subject Cognitive Decline (SCD), Mild Cognitive Impairment (MCI) and early stage dementia can impact performance at work. Workplace accommodations for cognitive disabilities can include physical and job role adaptations, but there is limited evidence on the effectiveness of these in helping people stay in work. This project is exploring the workplace experiences of people with SCD, MCI and early stage dementia their experience of specific challenges in maintaining their roles and their use of technological supports.

Methods: Eleven individuals (5F/6M) working with SCD, MCI or early stage dementia participated in two rounds of one-hour semi-structured interviews. In the first session, we explored their job roles and the knowledge, skills and strategies that underpin these. The second session looked at task flows and critical points where participants would like technological support. Transcribed interviews were analysed with reflexive thematic analysis.

Results: Participants were drawn from diverse fields including law, manufacturing and hospitality. Three overarching themes emerged, each with three subthemes: (i) Nature of the work and routines; (ii) Interpersonal dynamics in the workplace; (iii) Relationships with tools, systems and technology. Detailed descriptions of their work roles provided context for the personalized strategies they adopted to maintain their job roles.

Conclusions: The findings demonstrate that individuals with SCD, MCI and early stage dementia are managing specific challenges relating to the requirements of their individual jobs and the impact of cognitive impairment on their working relationships. They are also seeking and using a range of digital tools to support them in their job roles. This includes early

adoption of emerging AI tools, which is promising for future development of tailored supports better suited to employee's individual needs.

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Care approaches - Telehealth and remote care

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POS12-26 - Identifying Stakeholder Perceived Barriers and Facilitators for a Remotely Delivered, Technology-Assisted CBT Intervention for People with Dementia/MCI and Anxiety

Kimberley Welsh, Deborah Brooks, Deepa Sriram, Sally Bennett, Leander Mitchell, Nadeeka Dissanayaka
University of Queensland

Background: Cognitive behavioural therapy (CBT) has shown success in reducing anxiety symptoms, with remotely delivered interventions increasing access for participants. This study examined future implementation of an intervention for people with dementia/mild cognitive impairment (MCI) and anxiety. The study aims to explore stakeholder perceptions of the value, sustainability, acceptability and usability of the intervention and assistive technology; identifying perceived barriers to and facilitators for the delivery and engagement of the intervention in wider healthcare settings.

Methods: A semi-structured qualitative interview was designed using the Non-adoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies framework (NASSS). Stakeholders were selected using purposive sampling to identify experts with specialties and experience in either treating the dementia/MCI population, or the development of or implementation of, technology-assisted, health-based interventions.

Results: A total of 35 stakeholders were interviewed, including health (n=15), technology (n=10) and commercialisation (n=10). A total of 537 factors were reported (201 barriers, 336 facilitators) across the six NASSS domains of condition, technology, value, adopters, organisations, and systems. Factors were grouped into six constructs: attitudes; abilities; support; delivery; resources; technology. The most significant barriers reported were negative attitudes towards: dementia/MCI; anxiety; therapy; the use of technology; investing in new interventions; and systemic change. The most significant facilitators reported were providing evidence of: clinical robustness; adopter useability and acceptability; professional body endorsements; and cost-effectiveness.

Conclusion: The identification of barriers and facilitators to the delivery and engagement with remotely delivered, technology assisted, CBT interventions for people with dementia/MCI and anxiety, are integral to effective implementation in wider healthcare settings. The factors identified in this study can provide guidance for both the users and providers of such programs as well as help explain user engagement and delivery outcomes. Key constructs can further inform the design, development, and implementation of future interventions.

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Care approaches - Telehealth and remote care

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POS12-27 - Implementation Strategies for a Technology-Assisted Intervention for People with Cognitive Impairment and Anxiety: A Multi-Stakeholder Concept Mapping Study

Kimberley Welsh, Deborah Brooks, Deepa Sriram, Nadeeka Dissanayaka
University of Queensland

Background: Despite proven effectivity, many interventions struggle with implementation, failing to scale-up to wider healthcare settings. To improve future implementation of a technology-assisted, intervention for people with dementia/mild cognitive impairment (MCI) and anxiety, this study explores stakeholders' opinions regarding the value, sustainability, acceptability and usability of the intervention. Group concept mapping (GCM) is an approach for capturing and organizing the voices of differing stakeholders. The study aims to identify opinions on the importance and feasibility of specific implementation strategies using GCM methodology and analysis.

Methods: Identified stakeholders recruited using purposive sampling were administered qualitative interviews, to construct a list of strategies that may improve implementation of the intervention in wider healthcare settings. Twenty specific implementation statements were identified. Concept mapping activities asked stakeholders to place the implementation statements into similar groups and to rate each statement's relative importance and feasibility on a 5-point Likert scale. Analysis was performed using group concept mapping software.

Results: Stakeholders (n=24) completed the concept mapping activities including health professionals (n=11), technology experts (n=7) and commercialisation experts (n=6). Pattern matches and GoZone maps provided a quantitative representation of the relationships among the strategies. Analyses supported organising the strategies into four categories: user enhancement; support needs; health systems; adoption. Implementation strategies (20) were identified as the Cluster statements were spread, however all

statements in the health system category were placed in low feasibility categories, reflecting endemic difficulties enacting systemic changes.

Conclusion: The concept mapping activities enabled better understanding of stakeholder-perceived priorities. The sorting activity provided validation of the implementation strategies identified within the qualitative interviews as being conceptually distinct. The strategy ratings of importance and feasibility may facilitate the search for and selection of specific strategies to assist and improve successful implementation of remotely delivered, technology-assisted interventions for people living with dementia/MCI, in wider healthcare settings.

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POS12-28 - Challenges in assessing neuropsychiatric symptoms in dementia via telemedicine: Lessons from the “TeleCogNition” project in the Aegean

Efthalia Angelopoulou[1], Ioannis Stamelos[1], John Papatriantafyllou[1], Kalliopi Vourou[1], Evangelia Smaragdaki[1], Dionysia Kontaxopoulou[1], Evangelia Stanitsa[1], Vassiliki Zilidou[2], Evangelia Romanopoulou[2], Panagiotis Bamidis[2], Sokratis Papageorgiou[1]
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Background: Neuropsychiatric symptoms (NPS) are core features of neurodegenerative diseases, yet their remote assessment remains underexplored. Within the context of the “TeleCogNition” project in Greece, this study aimed to evaluate the feasibility of remote NPS assessment and to identify context-specific challenges and solutions in a geographically underserved population.

Methods: We retrospectively analyzed 388 teleconsultations involving 189 patients (mean age: 68.1±12.7 years; 65.4% women) conducted between March 2021 and March 2025 by the “Memory, Dementia, and Parkinson’s Disease Clinic via the National Telemedicine Network” at the Aiginiteion University Hospital in Athens. Patients from underserved Aegean Islands access specialized neurological and neuropsychological assessments through videoconferencing with this tertiary unit, conducted at their local health centers. Diagnoses included dementia (34%), mild cognitive impairment (31%), normal cognition (27%), or under investigation (8%). Standardized tools (GDS-15, PHQ-9, NPI-Q, MBI-C) were used when appropriate. Qualitative analysis identified key clinical, technical and logistical challenges.

Results: Remote NPS assessments were feasible, with standardized scales successfully administered in most sessions. Key challenges included (1) limited patient emotional disclosure, (2) caregiver-patient separation during the virtual visit for obtaining accurate behavioral reporting, and (3) suicide risk assessment and management. Mitigating strategies included enhanced virtual physician-patient communication strategies for demonstrating empathy and building rapport, staged caregiver-specific interviews tailored for each case, and predefined psychiatric referral pathways and protocols for emergency situations. Additional barriers, such as hearing or visual impairments, connectivity issues, and behavioral agitation, were addressed through practical, scalable interventions.

Conclusions: Our four-year experience demonstrates that telemedicine can effectively support structured NPS assessment in patients with neurodegenerative diseases, provided that effective clinician-patient communication, appropriate caregiver integration, and safety protocols are prioritized. These insights offer practical guidance for optimizing digital care delivery and scaling equitable telemedicine services in isolated or underserved regions.

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Care approaches - Telehealth and remote care

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POS12-29 - Implementing an eHealth intervention to support holistic assessment and decision making for people with dementia in care homes: a feasibility evaluation

Juliet Gillam[1], Prof Nathan Davies[2], Prof Emma Wolverson[3], Dr Rosie Dunn[3], Prof Katie Featherstone[3], Prof Catherine Evans[4]
[1]University of West London, [2]Queen Mary, University of London, Wolfson Institute of Population Health, [3]Geller Institute of Ageing and Memory, University of West London, [4]Cicely Saunders Institute of Palliative Care, King's College London

Background: Most individuals with dementia in the UK die in care homes. 70% of homes are residential, relying on external healthcare professionals to manage residents' complex needs. eHealth can help facilitate the delivery of holistic care in care homes, yet adoption has traditionally been met with resistance. Innovative approaches employing methods from implementation science are required to promote its uptake.

Aim: To evaluate the feasibility of a theoretically driven implementation plan for an eHealth intervention to improve holistic assessment and decision-making for people with dementia in care homes, and to identify opportunities to strengthen it.

Methods: A mixed-methods study was conducted in two residential care homes. Qualitative data comprised non-participant observations of the intervention in use, focus groups and interviews with staff. Data was analysed using a codebook thematic analysis underpinned by the Normalistion Process Theory. Quantitative data included app usage data. Patient and public involvement informed development and conduct of the study.

Results: 20 staff used the intervention with 26 residents. Although there was some evidence of uptake, usage data indicated that the intervention was largely not utilised as intended. Whilst care staff acknowledged its potential benefit, they faced substantial practical challenges related to workload, and a sense it was duplicating existing processes.

These issues led to negative appraisals of its impact and compromised staff engagement. Iterative revisions to implementation strategies related to providing further staff support, a more tailored approach to training, and additional reminders to use the intervention.

Conclusion: Evaluating feasibility of the implementation plan for the intervention was a vital step in its development. Rapid evaluation and iterative response to barriers to use informed learning and allowed for real-time adjustments to implementation strategies, and a set of updated recommendations. Further collaboration on the revised strategies with people living with dementia and their caregivers is required.

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Care approaches - Telehealth and remote care

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POS12-30 - AreaAlzheimer: development process for a digital platform on Alzheimer's disease

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This communication summarizes the development of AreaAlzheimer, a digital platform designed to support family caregivers of individuals diagnosed with Alzheimer's disease and other forms of dementia. The objective is to describe its creating process, from the initial design to the post-development evaluation.

A mixed-methods approach was employed, combining both quantitative and qualitative research techniques. A total of 419 participants were involved throughout the process. The design phase was conducted in two different stages: the first involved a needs assessment through a survey (n=210) and four focus groups (n=22). The second stage focused on involving the platform's target audience (n=147) to define content preferences based on the identified needs. These findings informed the platform's technical development. In the second phase, the user experience was assessed through a survey (n=40) employing standardized scales to assess perceived accessibility (SEQ – Single Ease Question), usability (SUS – System Usability Scale), and usefulness (PUS – Perceived Usefulness Scale and BIS – Behavioral Intention Scale). Additionally, a subgroup of participants (n=19) took part in two rounds of in-person usability tests followed by discussion groups.

The results from the design phase revealed four key areas of need with specific content: informational support (e.g., practical advice for direct care and available resources), logistical support (e.g., time management), emotional support (e.g., communication strategies), and social support (e.g., connection with peers). Overall, the platform received positive ratings for accessibility and usability, though navigation challenges were noted among users with lower digital literacy.

In conclusion, involving users at every stage of the development process is key to ensuring AreaAlzheimer effectively meets their needs. Continuous user feedback will be crucial for refining and expanding the platform in future phases, ensuring it remains accessible, intuitive, and valuable for family caregivers, individuals with dementia (PwD), and healthcare professionals.

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-31 - Facilitators and Barriers in Telemedicine for Cognitive Disorders in Remote Areas: Findings from the “TeleCogNition” Project

Evangelia Smaragdaki[1], Efthalia Angelopoulou[1], Dionysia Kontaxopoulou[1], Ioannis Stamelos[1], Kalliopi Vourou[1], Evangelia Stanitsa[1], John Papatriantafyllou[1], Vicky Zilidou[2], Evangelia Romanopoulou[2], Panagiotis Bamidis[2], Sokratis Papageorgiou[1]
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Background: Telemedicine has emerged as a promising solution to improve access to cognitive care, particularly for individuals living in remote or underserved regions. This study, conducted within the “TeleCogNition” project, explores the facilitators and barriers experienced by patients, caregivers, and healthcare professionals aiming to inform the development of inclusive, patient-centered telemedicine models for cognitive disorders.

Methods: A mixed-methods study was conducted with 20 patients diagnosed with mild dementia (mean age: 70.9 years; 65% women), 12 caregivers (mean age: 55.7 years; 66.7% women), and 13 healthcare professionals (mean age: 38.8 years; 84.6% women). All participants engaged in telemedicine consultations at the “Outpatient Clinic of Memory, Dementia, and Parkinson’s Disease” via the National Telemedicine Network in the Aegean Islands between September 2024 and January 2025. Quantitative data were collected through 5-point Likert scale questionnaires (14 items for patients and caregivers; 18 for professionals) and analyzed using descriptive and inferential statistics. Qualitative data from 20-minute semi-structured interviews (n=15) were analyzed thematically to identify patterns and experiences across participant groups.

Results: While quantitative analysis revealed no significant differences between participant groups ($p = 0.368$), healthcare professionals reported a greater number of perceived

barriers. Among patients, 35% experienced mobility limitations, which impacted both in-person and remote access to care. Qualitative analysis identified several key barriers: limited direct communication, difficulty establishing therapeutic rapport remotely, and technical issues such as poor internet connectivity and unfamiliarity with digital tools. Facilitating factors included access to real-time technical support, structured pre-session training, and gradual familiarization with telemedicine platforms.

Conclusion: For telemedicine to be effective and sustainable in cognitive disorders, improving digital infrastructure, offering tailored user support, and developing clinician communication strategies suited to virtual care are essential. These findings provide actionable insights for designing equitable and effective telemedicine services for individuals with neurodegenerative cognitive disorders living in remote regions.

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-32 - Effectiveness and cost-effectiveness of in-person versus virtual cognitive stimulation therapy (CST): a cluster randomised trial

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[1]University of Reading, [2]The University of Hong Kong, [3]University College London, [4]London School of Economics and Political Science

Background: Multiple meta-analyses showed that group cognitive stimulation therapy (CST) is effective and cost-effective for improving outcomes in people with mild to moderate dementia, including cognition and quality of life. However, not everyone has access to group CST, partly due to mobility or geographical barriers for travelling to a venue where a group is available. During the pandemic, online delivery of CST ('virtual CST', or 'vCST') using information and communication technology (e.g. Zoom) has been field tested, with pilot data suggesting it is feasible and acceptable. Theoretically, vCST is not inferior to in-person CST in effectiveness and cost-effectiveness. Empirical evidence is needed.

Methods: This is a multicentre, single-blind cluster randomised trial. 156 people with mild to moderate dementia were recruited and randomly allocated to receive in-person or vCST. Cognitive and quality of life outcomes were assessed using ADAS-Cog and QoL-AD. ANCOVA was used to compare outcomes, controlling for baseline characteristics. Cost measures included intervention cost, unpaid carer time, and service utilization estimated using the Client Service Receipt Inventory. Quality-adjusted life years (QALYs) were calculated using EQ-5D-5L data.

Results: 134 people completed in-person CST or vCST (n=69 vs 65). No significant difference was found between in-person CST and vCST in changes in cognition and quality of life. In-person CST incurred lower staff cost but higher programme expenses and indirect care costs; total cost of the two delivery modes did not differ.

Discussion: vCST and in-person CST are comparable in effectiveness and cost-effectiveness. Taken together with previous field testing, feasibility, and acceptability

findings, there is evidence to support vCST as an option to improve access to this evidence-based psychosocial intervention.

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-34 - Efficacy and safety of 'INFORMA 2.0' software in Mild Cognitive Impairment and mild dementia: Protocol of a placebo-controlled, double-blind, randomized trial in Italy

Antonio Ancidoni[1], Marco Simoni[2], Alice Paggetti[1], Francesco Sciancalepore[1], Elisa Fabrizi[1], Paolo Caffarra[3], Elisabetta Farina[4], Donata Gollin[2], Marina Gasparini[5], Camillo Marra[6], Andrea Stracciari[7], Andrea Zanella[8], Sandra Morelli[9], Flavia Lombardo[1], Nicola Vanacore[1], Carlo Gabelli[2]

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Introduction: The INFORMA software is an innovative, public health tool designed to provide personalized, home-based cognitive stimulation and cognitive training for individuals with Mild Cognitive Impairment (MCI) and mild dementia. It offers adaptive, asynchronous activities and enables remote therapist monitoring to support cognitive and functional abilities. This randomized controlled trial (RCT) aims to assess the efficacy and

safety of INFORMA2.0 in improving cognitive function and daily living abilities in individuals with MCI and mild dementia.

Methods: This study is part of the Italian Fund for Alzheimer's and Dementia 2024–2026 and is funded by the Italian Ministry of Health. This placebo-controlled, double-blind RCT will be conducted across 21 memory clinics in 14 Italian regions. It follows a single-centre pilot study that will preliminarily assess the usability of INFORMA2.0 in 20 patients. The trial will enrol 470 participants aged ≥50 with MCI or mild dementia.

Results: Participants will engage in a 20-week program, including baseline assessments and training, an 8-week remote cognitive intervention, a post-treatment assessment at 8 weeks and a final assessment at 20 weeks. The primary outcome is the proportion of responders to INFORMA 2.0, measured by the *Montreal Cognitive Assessment* (MoCA) at 8 weeks. Secondary outcomes include the proportion of responders at MoCA and *Clinical Dementia Rating Scale-Sum of Boxes* at 20 weeks. Other secondary outcomes include functional, behavioural, and quality-of-life measures. Caregiver burden will also be assessed with the *Zarit Burden Interview.* Additionally, attention will be evaluated with the *Multiple Features Targets Cancellation* test. Cognitive reserve will be measured at baseline to all participants included by using the *Cognitive Reserve Index questionnaire.*

Conclusions: This is the largest RCT to date evaluating a telerehabilitation tool for MCI and dementia, with results expected by July 2027.

Project carried out with the technical and financial support of the Ministry of Health.

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-35 - Telemedicine for cognitive and movement disorders in the Aegean Islands: Our 4-year experience beyond the pandemic

Ioannis Stamelos[1], Efthalia Angelopoulou[1], Evangelia Smaragdaki[1], Kalliopi Vourou[1], Evangelia Stanitsa[1], Dionysia Kontaxopoulou[1], John Papatriantafyllou[1], Vasiliki Zilidou[2], Evangelia Romanopoulou[2], Panagiotis Bamidis[2], Sokratis Papageorgiou[1]
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Introduction: This study's objective is to describe the 4-year clinical practice of the "Specialized Outpatient Clinic for Memory, Dementia and Parkinson's Disease through the National Telemedicine Network (NTN)", highlighting the ongoing, unmet need of the studied population extending beyond the Covid-19 era.

Methods: Patients in Aegean islands were examined, managed and followed-up through videoconferencing in their local health centers by a team of neurologists, neuropsychologists and -when needed- psychiatrists, located at the Eginition University Hospital of the Athens Medical School. Local healthcare providers assisted as required. The NTN provided technological infrastructure and administrative support. Descriptive statistics were obtained from collected data between 03.2021 and 03.2024.

Results: 388 telemedicine visits took place (189 new patients-122 Female, 67 Male-199 follow-ups). 142 referrals (75%) were for cognitive complaints, 29 (15%) for mixed cognitive and motor complaints, 13 (7%) for purely motor complaints and 5 (3%) for other reasons. Most common working diagnoses were mild cognitive impairment (21.2%), Alzheimer's Disease dementia (19%) and depression (14.3%). 85 patients (45%) had symptom onset younger than 65. Visits increased over time, with 47.6% of total visits taking place during the last 12 months, and 32.4% during the last 6 months, despite the lifting of COVID-19

quarantine. Rare disorders included Behavioral-variant Frontotemporal Dementia and Corticobasal Degeneration.

Conclusion: The Clinic serves as a successfully established bridge between primary and specialized healthcare in remote regions, diagnosing and managing otherwise would-be undetected neurological disorders. Results indicate a persistent need for telemedicine in cognitive disorders independent of the pandemic.

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-36 - Development of the Co-Cog app: a co-designed app to support post-diagnostic health and wellbeing in people living with mild-to-moderate cognitive impairment

Rebecca Atkinson[1], Nyangi Gityamwi[2], Kath Sykes[3], Jo Armes[2], Sarah Giles[4], Dorina Cadar[1], Claire Lancaster[1], Dani Thorn[1], Nadia Brookes[5], Vanessa Abrahamson[5], Naji Tabet[1]
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Background: The Co-Cog app was developed in response to the need for digital tools to support post-diagnostic monitoring of people living with dementia or mild cognitive impairment (PLWD/MCI). The app collects self-report data from PLWD/MCI and their care partners to establish individual baselines of health, wellbeing, and—for PLWD/MCI only—cognitive function. Designed for NHS integration, the Co-Cog app can alert appropriate healthcare professionals when deviations from these baselines indicate the need for clinical intervention. The app will be used to enable early management of emerging issues, potentially reducing demand on acute and dementia services.

Methods: We used a user-centred co-production approach, involving PLWD/MCI, care partners, and dementia healthcare professionals in all stages of app development. This ensured the tool is both clinically meaningful and acceptable to end users. Stakeholders showed a preference for intuitive, low-burden self-report measures and interactive cognitive activities that were both engaging and informative.

Results: Pilot testing assessed the app's acceptability, usability, and usefulness. PLWD/MCI and care partners found Co-Cog easy to use, accessible, and engaging. Participants

appreciated the app's structured approach to tracking health and cognition over time and valued its simplicity and clarity.

Next Steps and Impact: The Co-Cog app offers an innovative, co-designed solution to enhance post-diagnostic support for PLWD/MCI and care partners. By closely involving stakeholders throughout development, the app meets user needs while maintaining clinical relevance. Future research will evaluate its scalability, integration within NHS systems, and its effectiveness in triggering timely clinical intervention. Ultimately, Co-Cog aims to improve post-diagnostic care, support independent living, and reduce the burden on health and care systems.

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-37 - Caregiving in the Digital Age: Supporting Families of People with Dementia via E-Learning

Rosanna Palmeri, Antonella Deponte
Associazione de Banfield

Background: People with dementia are primarily cared for by informal caregivers, placing a significant burden on families. It is therefore essential to develop supporting strategies that enhance the quality of life for both caregivers and individuals with dementia. Information and communications technology (ICT) offers promising tools to support these families. This work explored the potential of an e-learning platform, the “(D)Caregiver Academy,” designed to provide free digital support through educational, training, and psychological resources. The platform is structured into three main sections: (1) remote caregiver training via on-demand videos and live sessions; (2) participation in support groups ; (3) home-based cognitive training through downloadable, tailored worksheets and tutorials (an Alzheimer’s Bullet Journal called “Il mio Diario”).

Methods: 65 informal caregivers who accessed the platform from February 2021, are involved in completing a telephone interview aimed at investigating perceived usability, usefulness and intention to use the platform in the future.

Results: Results showed a high participation rate (77%) to the online activities and an overall positive evaluation. Among the most appreciated features were the educational modules and the psychological support groups, which promote awareness of the caregiving role and facilitate emotional processing. The worksheets for home-based cognitive training were generally well-received, particularly when used as "homework" to complement in-person group training sessions (this finding requires further investigation).

Conclusions: Challenges identified include limited accessibility for users with low digital literacy and a preference among some caregivers for face-to-face interaction. The (D)Caregiver Academy experience highlighted the potential of digital tools in supporting

dementia care, while also emphasizing the need for inclusive and integrated solutions that complement—rather than replace—human contact.

Keywords: e-learning, ICT, dementia, caregivers, burden, usability

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Care approaches - Telehealth and remote care

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-38 - The Dorian Gray Project: A Personalised Digital Twin Framework For Prevention And Management Of Mild Cognitive Impairment

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Background: Cardiovascular disease (CVD) and mild cognitive impairment (MCI) frequently co-occur in ageing populations, yet the pathophysiological mechanisms connecting them remain underexplored. The Horizon Europe-funded DORIAN GRAY project aims to decode the complex interplay between CVD, cardiovascular risk factors (CVRF), and neurocognitive decline, using advanced AI technologies integrated into a personalised digital health platform.

Objectives: DORIAN GRAY's core ambition is to develop a comprehensive digital twin system for early risk stratification, prevention, and longitudinal management of cognitive impairment in individuals at heightened cardiovascular risk. The platform supports a paradigm shift toward personalised, predictive, and preventive healthcare.

Methods: The project employs both retrospective clinical datasets and prospective real-world data (RWD) collected through smart devices (e.g., smartphones, wearables, tablets).

Explainable AI and causal inference models are applied to identify disease trajectories and digital biomarkers. A key innovation is the Avatar-Based Coaching and Exergaming (ABCE) system, combining personalised gamified combined physical and cognitive rehabilitation delivered via a user-centred application. The platform integrates a secure data infrastructure, cloud-native architecture, and a clinical dashboard to support healthcare professionals.

Clinical Implementation: Two clinical studies will be conducted: (i) a randomised controlled trial in patients with heart failure and MCI across five countries, and (ii) an implementation study targeting individuals with MCI and CVRF in four countries. Both will assess adherence, usability, cognitive outcomes, quality of life, and biomarker progression.

Expected Impact: By linking cardiovascular and cognitive domains through explainable AI within a digital twin model, DORIAN GRAY offers a novel, scalable solution for early intervention in neurodegenerative risk. The system's architecture ensures regulatory compliance, interoperability, and adaptability to broader non-communicable disease contexts.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 10:00-17:30 - POS12. Technology

POS12-04 - Co-designing an Assistive Technology with People with Dementia: Navigating Paradoxes from Participatory Research

Ines Silva[1], Filippo Talami[1], Britt Pellens[2], Joana Couto[1], Inês Silva[1], Ana Vasconcelos[1], Ricardo Graça[1], Prasoon Patidar[3], Adriano Soares[1], Jilte Heyvaert[2], Andrea Wilkinson[2], Mayank Goel[3], Niels Hendriks[2], Cristina Mendes-Santos[1]
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Dementia often leads to a progressive decline in cognitive abilities, including attention, memory, and communication, which significantly affects an individual's ability to perform activities of daily living (ADLs). This decline has a negative impact on people's autonomy and quality of life. While the use of artificial intelligence (AI) for supporting people with dementia (PwD) is increasing, applications specifically targeting assistance with activities of daily living (ADLs) remain limited, often relying on rudimentary strategies such as the use of Post-it Notes and reminders provided by caregivers or digital agendas. The AUTONOMOUS project addresses this gap by developing an AI-powered system designed to support PwD in the safe execution of ADLs.

In this work, we will present insights from the user research process, including findings and paradoxes that emerged during an international, participatory and multi-methods study with PwD. First, we will introduce the developed solution and its potential, providing context for the research process. Next, we will offer a detailed overview of the methodological approach, alongside the insights gathered from key stakeholders, including PwD, informal caregivers, and healthcare professionals. We will reflect on these examples, focusing on the found paradoxes and their implications for the co-design of AI-based solutions.

By presenting this work, we aim to highlight the significant role of participatory methods in designing technology for and with PwD, and how its complexities and paradoxical nature requires researchers to constantly adapt to the changing needs of their users.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-01 - Implementing Evidence-Based Interventions: Lessons from the MoSART+ Experience in Dementia Care

Sarah Janus[1], Nannet Alkema[2], Tjeerd Andringa[3], Hendrika Luijendijk[3], Ivonne Lesman-Leegte[3]
[1]University Medical Centre Groningen, [2]UMCG, [3]

Successfully translating evidence-based interventions into routine practice in healthcare settings remains a significant challenge. With this presentation we want to share our experiences with the implementation process of the MoSART+ intervention, designed to raise caregiver awareness about the impact of sound on nursing home residents with dementia. The intervention, which demonstrated effectiveness in improving the sound environment and reducing neuropsychiatric symptoms, faced barriers in scaling up beyond the research phase. Initially, after proving its effectiveness in a randomized controlled trial, we encountered challenges in engaging care organizations to pay for implementation costs. To overcome this, we modified the intervention by adding a soundbox for pleasant sounds and removed financial barriers for participating nursing homes.

A small grant from a national funder then facilitated broader implementation across the Netherlands. Researchers, communication experts, and implementation specialists from the University Network for Elderly Care (UNO-UMCG) developed practical tools, including an interactive roadmap and communication strategies to connect past participants with new ambassadors.

Crucially, our success was not driven by formal organizational policies but by frontline caregivers recognizing the chaotic sound environment, the distress it caused residents, and the simplicity of the intervention. The ability to implement MoSART+ as a team, without complex procedures, proved to be a key motivation for adoption. Awareness efforts—such as the UNO symposium with 550 attendees and social media campaigns—also played an essential role in engaging nursing homes.

To ensure sustainability, the MoSART+ app (owned by SoundAppraisal) remains free for individual users, while ongoing ambassador training and workshops support long-term adoption. Our experience underscores the importance of practical, easily adoptable interventions, frontline staff engagement, and strategic communication in successfully implementing evidence-based practices in healthcare.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-03 - Research Trends Analysis of Primary Studies on Non-Pharmacological Interventions in Dementia: A Machine Learning Exercise

Anthony Scerri[1], Anthony Scerri[2]
[1]University of Malta, [2]

Background: Non-pharmacological interventions (NPIs) play a crucial role in dementia care, offering alternative approaches to improve cognitive function, behavior, and quality of life. However, understanding research trends in NPIs is challenging due to the vast and diverse literature. This study aims to analyze the number of primary research studies published on NPIs in dementia, categorize them into predefined classifications, and identify research trends using natural language processing (NLP) and machine learning techniques.

Method: A systematic search was conducted using EBSCO databases, including Academic Search Ultimate, AgeLine, CINAHL Complete, MEDLINE Complete, and APA PsycInfo. The search was limited to peer-reviewed studies in English. Articles mentioning dementia and NPIs were included, yielding an dataset of 6,791 records. Data cleaning involved removing duplicates (1,533 articles), review and opinion papers (2,210 articles), and those lacking relevant keywords (372 articles), resulting in a final dataset of 2,676 studies. NLP techniques, including tokenization, stopword removal, and bigram/trigram identification, were applied. Articles were automatically classified into 22 categories using keyword matching and AI-based similarity modeling. A trend analysis of publication patterns was conducted between 2000 and 2024.

Results: The three most researched NPI categories were **cognitive-focused interventions** (669 articles), **music-based interventions** (632 articles), and **psycho-behavioral educative interventions** (416 articles). The least studied categories included **spiritual interventions** (2 articles), **laughter and humor-based interventions** (4 articles), and **nature therapy** (6 articles). However, nature therapy and multimodal interventions showed the highest annual growth rates (150% and 125%, respectively).

Conclusion: This study provides a data-driven perspective on NPI research trends in dementia, identifying gaps and emerging intervention modalities. The findings can help guide future research priorities and inform policy decisions on dementia care interventions.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-04 - “Going along this road”: Living Well with Dementia, an international collaboration

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Living Well with Dementia (LivDem) is an evidence-based psychosocial group intervention which helps people recently diagnosed with dementia to talk more openly about and adjust to their condition. It was developed in the UK where it is delivered in around fifty dementia services. An adapted version, LivDem-Families, is being trialled with people who prefer to talk within their family rather than in a group.
This paper reports on the ways that LivDem has been adapted internationally so that the model fits within national service contexts. Crucially, this includes the different ways in which dementia is talked about (and not talked about) across different nations.
In Italy, a translated version of the group intervention (VivDem) has been successfully implemented in two regions: Bassano Del Grappa (Vicenza) and Padua. Facilitators have adapted the intervention for local contexts through co-design and feedback from participants. They are also offering parallel family carer support groups. VivDem is part of the program of the second level specialisation degree in Geropsychology at the University of Padova.
In Dublin, Ireland, the Féileacán Bán service delivers approximately ten LivDem programmes annually. They have added bespoke elements, anchoring LivDem to the care pathway and making it robust enough to support the entire dementia journey. Of participants who completed LivDem at Féileacán Bán in 2024, ninety one percent reported increased confidence, fifty three percent reported improved

mood and forty four percent said that their anxiety had reduced. As one family member expressed, there had been “support for both of us which has been invaluable as we go along this road”.
Despite the need to adapt LivDem to fit national contexts, the commitment to supporting people to talk about their experiences is shared by all. As an international collaboration, we are committed to maintaining cross-European links to share good practice and learning.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-05 - Exploring the inner world of people with dementia: the potential of the Tavistock Observation Method in nursing home care

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Starting in 1948, Esther Bick developed an innovative and thorough method to observe babies and young children. This infant observation or Tavistock Observation Method (TOM), with its roots in psychoanalysis, aims at gaining insight into the inner world of infants and the relationship with their parents. Moreover, it enhances the observation skills of health and social care professionals. Meanwhile, TOM has been applied in other settings, including some British and Austrian care homes. The aim of this study was to explore the applicability and integration of psychoanalytic theories and TOM in dementia care.

Between November 2024 and August 2025, psychoanalysts and infant observation specialists in Austria, England, Belgium, and the Netherlands were interviewed face-to-face (n=12) or online (n=3). The transcripts were thematically coded and analysed with affinity diagramming. A non-systematic pragmatic literature search and visits to nursing homes in each country complemented the interviews.

Preliminary results showed the high willingness to participate and the perceived urgency of the topic among respondents. Those trained in psychoanalysis and/or infant observation described how this analytical background influenced their work and ability to gain a deeper understanding of human development and relationships. They drew parallels between the yet unverbal, developing infant and older people with advanced dementia and severe verbal limitations, although some warned about overly comparing the two. All participants indicated that TOM is a valuable method to apply in dementia care and they generated many ideas of how this could best be done and by whom. TOM provides a reflective space which, if well-supervised, could increase the sensitivity of care workers and researchers. An innovative and enriching approach for (Dutch) dementia care.

Psychoanalytic concepts and TOM can increase understanding of people with dementia, their behaviour, and their relationships with care providers. This may result in care that is well-attuned to their needs.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-06 - Finding solutions to addressing inequalities in dementia diagnosis and care: Recommendations from a country-wide consultation

Clarissa Giebel[1], Marie Poole[2], Catherine Talbot[3], Neil Chadborn[4], Nadia Brookes[4], Kritika Samsi[4], Paul Clarkson[4], Jacqui Cannon[4], Mark Gabbay[4], Kerry Hanna[4], Aravind Komuravelli[4], Deborah Rozansky[4], Hilary Tetlow[4], Madeleine Walpert[4], Emma Williams[4], Louise Robinson[4]
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Background: Accessing a diagnosis and receiving adequate care and support for dementia can often be subject to various inequalities. Personal-, community-, and infrastructure-level factors can contribute to and often intersect in causing unequal health and care outcomes. With a paucity of evidence to inform solutions for dementia inequalities, the aim of this public consultation exercise was to explore potential solutions to inequalities in dementia diagnosis and care with different dementia stakeholders.

Methods: As part of the EquaDem Network Plus, utilising a World Café approach, we conducted 11 in-person and remote consultation workshops to discuss experienced barriers of accessing diagnosis and care; discuss an ideal-world scenario where no barriers exist; and solutions to reach more equitable dementia diagnosis and care for people with dementia, unpaid carers, health and social care professionals, and third sector representatives. Discussions were synthesised by the research team and one public consultation group and mapped against the Dementia Inequalities model.

Results: A total of 131 different stakeholders in dementia attended 11 workshops across England. Stakeholders came from diverse personal, professional, and third sector backgrounds, and from geographically diverse regions, including rural and urban. Solutions were identified across three layers of inequalities, with the majority of solutions proposed on

a community and infrastructure level. Examples included link workers, a social care career pathway, Community Champions, adequate home equipment, and digital training.

Conclusions: Dementia inequalities could be addressed via diverse and holistic approaches. With limited evidence to date on the impact of some of the proposed solutions, future research needs to build on these recommendations and design and test suitable interventions.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-07 - Intergenerational Intervention: Which are the Cognitive and Affective Outcomes for Older Adults and Children in Middle Childhood.

Marianna Tsatali[1], Eleni Antoniadou[2], Vasilis Psaltis[2], Magda Tsolaki[2]
[1]Alzheimer Hellas, [2]

According to research evidence, it has been observed that intergenerational interventions can benefit both older people and students, population groups at the extremes of the age spectrum, through building meaningful, reciprocal and constructive relationships, thus building healthier societies. Given this, the present intergenerational educational program aims, on the one hand, to enhance the cognitive and psychosocial skills of older adults and to provide learning support for school-age children and, on the other hand, to abolish social stereotypes surrounding ageing. The study included 27 former teachers, equally divided into three groups: (a) an experimental group participating in the intergenerational intervention, (b) a control group attending cognitive enhancement programs, and (c) a control group receiving no intervention. All participants were beneficiaries of the Greek Association of Alzheimer's Disease and Related Disorders.

Additionally, 18 second-grade students were assigned to either (a) an experimental group participating in the intergenerational program or (b) a control group. The intervention lasted three months, involving three weekly sessions covering language and mathematics. Neuropsychological assessments were conducted for both older adults and children, and children participated in two focus groups as a qualitative measure. Quantitative analysis revealed significant improvements in reading abilities among children in the experimental group post-intervention. However, no statistically significant differences were found among educators. Qualitative analysis indicated that children's attitudes toward older adults became more positive. The results highlight the effectiveness of intergenerational interventions in enhancing children's academic and social attitudes, while older adults benefited indirectly from the positive shift in students' perceptions.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-08 - STORY: Exploring systemic therapy as post-diagnostic support for people living with dementia and their families

Emily Fisher[1], Gemma Ryan[1], Bryony Waters-Harvey[1], Louis Stokes[1], Sophie Jeffrey[2], Florrie Gullion[3], Cara Gates[4], Divine Charura[5], Daniel Blake[6], Esther Whittlesea Reed[7], Marie McGovern[8], Peter Ball[9], Eloise Dean[9], Yelena Mikhaylova-O'Connell[10], Alys Griffiths[11]
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Background: People living with dementia usually receive care and support from their families as their condition progresses. However, communication challenges can cause strain within these relationships. Psychotherapy, particularly systemic therapy (sometimes called family therapy), may be beneficial for people with dementia and their families. However, this approach has not been extensively studied from the perspectives of different stakeholders.

Aims: To explore the experiences of people living with dementia and their families during systemic therapy, as well as of therapists supporting them. We are developing recommendations to enhance service delivery for people with dementia.

Methods: In Phase 1, we are observing the therapy sessions of 10-12 people living with dementia and their families. We are holding short, in situ interviews with people with

dementia, and semi-structured interviews with family members to gather insights about the therapy and explore perceived changes in their mental health or relationships.

In Phase 2, we are interviewing therapists and service managers who provide systemic therapy to these groups to explore their experiences and any challenges in delivering these services.

We are exploring therapist interactions with people with dementia and their families, using reflexive thematic analysis to connect insights and identify themes. Additionally, we are triangulating data from observations, informal conversations, interviews, and medical records to assess participants' experiences.

Results: We will present the experiences of people with dementia and their families participating in systemic therapy, drawing upon themes and illustrative quotes. We will consider these within the context of recommendation development.

Next steps: In Phase 3, we will hold online workshops with participants from the first two phases. Together, we will develop guidance for providing systemic therapy to families affected by dementia and create information packs for families to use before starting therapy.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-09 - Laughter Yoga for Enhancing Emotional Well-being in Older Adults with Dementia and Pre-dementia Depression: An Action Research Study

Chuen-Ru Liu[1], Fang -Yii Chuang[2], Tsui-Mei Hung[1], Chun-Wei Chang[1], Jia-Jung Lu[1]
[1]Taipei City Hospital Songde Branch, Taipei, Taiwan, 110, Taipei, Taiwan, [2]Taipei community mental health center, care specialist Supervisor

Abstract:
Older adults with dementia or pre-dementia depression often experience emotional distress, including loneliness, anxiety, and low self-worth. This study explored the impact of Laughter Yoga—a practice combining unconditional laughter and yogic breathing—on emotional well-being and social connectedness. Using a participatory action research design, 28 hospitalized older adults (≥65 years) with clinical diagnoses of dementia or pre-dementia depression participated in 40-minute Laughter Yoga sessions, three times weekly for five weeks. Qualitative data from field observations and interviews identified six key themes: strengthened patient-caregiver relationships, rediscovery of joy and trust, enhanced emotional communication, emotional release, a safe space for expression, and increased sensory engagement. Laughter Yoga was found to be a low-cost, low-risk intervention that supports emotional regulation, resilience, and improved quality of life. These findings suggest its potential for integration into holistic dementia care.

Keywords:
Dementia, depression, older adults, Laughter Yoga, emotional well-being

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-10 - Utilization of Speech-Language and Occupational Therapy in Dementia and MCI Care: A Routine Data Analysis from Germany

Daniela Holle[1], Fiona Dörr[2], Kerstin Bilda[2], Sascha Sommer[2], Markus Wuebbeler[2]
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Background: Speech-language therapists (SLTs) and occupational therapists (OTs) are key providers of psychosocial interventions for people living with dementia or mild cognitive impairment (MCI). These therapies aim to stabilise cognitive function, support independence, and improve quality of life. Despite guideline recommendations, little is known about their utilisation in routine care or the factors that influence access.

Methods: We conducted a retrospective longitudinal study using routinely collected claims data from a German research database, covering a representative sample of approximately five million individuals in Germany (2017–2022). Incident cases of dementia or MCI diagnosed between 2017 and 2020 were identified and followed for two years. Therapy use, indication-specific coding, and prescribing patterns were analysed. Multivariate logistic regression was used to examine associations between socio-demographic (gender, age) and clinical characteristics (type of dementia) and therapy utilisation.

Results: Among 63,496 individuals (15.5% Alzheimer's disease, 18.2% MCI), 4.2% received at least one SLT prescription and 10.3% received OT. Prescriptions were primarily issued by neurologists, and most therapies were delivered as home-based care. SLT was most commonly prescribed for communication impairments or dysphagia; OT focused on cognitive training and psycho-functional treatment. Group therapy was rarely used.

Men (OR: 1.2; 95% CI: 1.1–1.4) and individuals with vascular dementia (OR: 1.7; 95% CI: 1.4–2.2) or dementia in other diseases (OR: 3.3; 95% CI: 2.5–4.5) had significantly higher odds of receiving SLT compared to people with Alzheimer's disease. In contrast, other

dementia types were associated with lower OT use. Older age was linked to a lower likelihood of receiving SLT, while no consistent age-related pattern was observed for OT utilisation.

Conclusion: Despite their relevance, SLT and OT remain underutilised in dementia care. Differences by diagnosis and gender underline the need for improved referral structures and targeted access strategies to strengthen their integration into interdisciplinary care models.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-11 - Trends, use, and gaps in methodologies and methods to develop, evaluate, and implement psychosocial interventions for dementia: A scoping review

Federica D'Andrea[1], Sara Laureen Bartels[2], Interdem European Network for psychosocial dementia research (www.interdem.org)[3], Maud Graff[4]
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Background: Research on psychosocial interventions for dementia demonstrates increased rigor, but there appears to persist a predominant reliance on Randomized Controlled Trials (RCTs) for evidence, often neglecting contextual factors and the complexities of dementia care settings. Besides, interventions and outcomes are not always relevant to people with dementia and carers, limiting implementation and relevance of studies. While new methods/methodologies are emerging, it is unclear how they match the Medical Research Council (MRC) framework (Skivington et al., 2021) and address its core elements.

Aims: This study aims to i) identify the methodologies and methods trends, use, and gaps in the development, evaluation and implementation of psychosocial interventions for dementia, and ii) determine if and how the six core elements of the MRC framework were considered and applied in studies.

Methods: A scoping review is undertaken using a pre-selected search strategy across six databases to identify studies published between 2015 (when MRC evaluation process guidance

was published) to 2025. After deduplication, citations are imported into Covidence for titles/abstracts screening by several independent reviewers, with full-text screening by at least two independent reviewers. Data extraction includes: study aim/objective (i.e., to develop/adapt; test feasibility/pilot; evaluate; implement), methodology and methods applied, rationale for selection, benefits/challenges of the approach, and consideration of the MRC six core elements (yes/no and qualitative details). Findings are summaries using narrative synthesis and graphical representations.

Results: The search yielded a total of n=23.119 hits and 13 researchers from the INTERDEM Methodology Taskforce are currently involved in the title/abstract screening. Preliminary results are expected by the fall 2025.

Conclusion: This scoping review will be the first to systematically map methodologies and methods used in dementia psychosocial intervention research and align them with the MRC framework's core elements. The findings will inform a Delphi consensus study on appropriate methods/methodologies for these interventions.

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Care approaches - Psychosocial interventions

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POS13-12 - Methodologies and methods for psychosocial interventions in dementia: Critical reflections from the INTERDEM Taskforce on Methodologies

Maud Graff[1], Sara Laureen Bartels[2], Federica D'Andrea[3], INTERDEM Taskforce on Methodology[4]
[1]Radboud umc, [2]Maastricht University, [3]University of West-London, [4]www.interdem.org

Background: To generate meaningful outcomes on the added value and impactful implementation of psychosocial interventions in dementia, it's essential to use appropriate and solid methodologies and methods. However, researchers not always critically reflect on methodologies and methods, they are not always aware of or are not skilled to use emerging novel methodologies and methods. The INTERDEM Taskforce on Methodologies aims at advancing dementia research by providing an overview of (new) methodologies and methods to address various research questions, critically reflect on their use, generate a consensus in the scientific community, formulate recommendations and disseminate knowledge in the field.

Methods: Monthly taskforce meetings with international, interdisciplinary researchers take place, involving discussions around specific methodologies and methods. Moreover, all taskforce members contribute to the METHODEM project (i.e. scoping review and Delphi study). Methodological insights from taskforce discussion and the METHODEM project are synthesized and disseminated.

Results: Between 10 and 20 members joined meetings, and links with other international consortia (e.g., SPREAD+) were created. An opinion paper highlighting current methodological gaps in psychosocial interventions for dementia was published, and two study protocols for the METHODEM project were submitted. Critical reflections include i) differences in psychosocial interventions definition used across the literature (i.e., focus on content vs. outcomes), ii) the use of AI in literature reviews, and iii) rethinking the Delphi

study design by using multi-methods to promote meaningful input from stakeholder voices (e.g., Personas, visual and object prompts).

Conclusions: By bringing together international, interdisciplinary researchers across career stages and creating a collaborative atmosphere, a fruitful critical international exchange around methodologies and methods gets facilitated. The efforts of the INTERDEM Methodology Taskforce contribute to critically rethinking scientific processes and has the potential to reduce the gap between research and practice and ultimately improve dementia care'. In this presentation new insights will be discussed.

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Care approaches - Psychosocial interventions

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POS13-13 - The In-Touch person-centred palliative care intervention for nursing home residents with advanced dementia: Designing a multi-country cluster-randomized controlled trial

Jenny Steen van der[1], Suzanne Timmons[2], Noeleen Brady[3], Katarzyna Szczerbińska[4], Martin Loučka[5], Jakub Hlávka[6], Paola Di Giulio[7], Silvia Gonella[7], Sandra Martins Perreira[8], Pablo Hernández-Marrero[8], Catherine Walshe[9], Nancy Preston[9], Kevin Brazil[10], Irene Hartigan[11], Care Partner Advisory Group[12], Nicola Cornally[3]
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In Europe, people with advanced dementia often live and die in nursing homes, with unmet palliative needs. High touch, low tech person-centred palliative care is advocated, but this

type of intervention often fails to undergo rigorous clinical effectiveness evaluation. We developed the In-Touch intervention for this underserved population. In-Touch considers both care 'in-the moment' using daily multi-sensory sessions based on Namaste Care principles, and advance care planning supported by a 'Comfort Care' booklet, based on the Family Carer Decision Support (mySupport) intervention.

We will conduct a cluster-randomized controlled trial to determine the effectiveness of the In-Touch intervention compared to usual care in nursing homes, on a range of resident, family and staff outcomes. Comfort is the primary outcome, with blinded assessment using the observational Discomfort Scale–Dementia of Alzheimer Type (DS-DAT). We also assess the costs and cost consequences of delivering the In-Touch intervention. Further, we assess the reach, fidelity and acceptability of the In-Touch intervention, identifying barriers and facilitators associated with implementation and possible mechanisms for adoption and sustainability. Up to 56 nursing homes will be recruited in 7 European countries; 2 from Southern, 2 from Central-East and 3 countries from North-West Europe, aiming to recruit a minimum total of 284 residents and their family caregivers.

In-Touch may provide a holistic approach to current and future care for people with advanced dementia through combining two interventions underpinned by robust, translatable education. We expect the ambitious In-Touch palliative care intervention to advance the science by providing high-quality effectiveness, cost, and process data, to improve the lives of persons with advanced dementia and their family caregivers.

In-Touch (2024-2029) is funded by Horizon Europe (grant ID: 101137270). Dissemination of findings is supported by our consortium partners from Crowd Helix and the European Association for Palliative Care.

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Care approaches - Psychosocial interventions

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POS13-14 - Dual-Task Exercise Training Improves Cognitive Function in Older Adults with Cognitive Impairment

Ahmet Begde[1], Eef Hogervorst[2], Thom Wilcockson[3], Sepehr Qooja[2]
[1]University of Oxford, [2]Loughborough University, [3]

Background: A dual-task exercise intervention combining eye movement training with resistance band exercises might improve cognitive and sensorimotor functions associated with fall risk in older adults with cognitive impairment. This pilot randomised controlled trial aimed to investigate the acute effects of this dual-task exercise programme on cognitive functions, working memory, and potential blood-based biomarkers linked to ageing.

Methods: Twenty-four participants aged 65 and older were randomly allocated to one of three groups, each lasting 30 min: Eye Movement Training (ET), Dual-Task Exercise Training (DT, including ET with simultaneous resistance exercises) or a Control (CT, listening to a podcast). Visual processing speed, visuospatial working memory, verbal memory, and verbal fluency were assessed before and immediately after intervention. Blood samples were collected to analyse BDNF, P-tau217, NfL, IL-6, and TNF-alpha levels (analysis forthcoming). Group × time interactions were measured using two-way ANOVA.

Results: Improvement in visual processing speed and visuospatial working memory was greater in the DT group compared to the ET and CT groups ($p = .04$; $\eta^2 = 0.28$ and $p < .01$; $\eta^2 = 0.39$, respectively). Verbal memory and verbal fluency showed no significant between-group differences ($p > .05$). Notably, cognitively impaired participants in the DT group exhibited significantly greater improvements in visual processing speed and visuospatial working memory compared to the ET and CT groups ($p < .05$), whilst no significant differences were observed among healthy controls. Blood biomarker analysis is currently being done and results will be presented at the conference.

Discussion: Dual-task exercise training combining resistance band exercises with simultaneous eye movement training can improve cognitive functions, particularly in older

adults with cognitive impairment. The forthcoming blood biomarker data will provide insights into potential physiological mechanisms underlying these cognitive improvements.

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Care approaches - Psychosocial interventions

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POS13-15 - Consensus on core elements, methodologies, and methods for psychosocial intervention research in dementia: Protocol for a multi-method stakeholder Delphi study

Sara Laureen Bartels[1], Federica D'Andrea[2], Maud Graff[3]
[1]Maastricht University, [2]The Geller Institute of Ageing and Memory, School of Medicine and Biosciences, University of West London, [3]Department of Rehabilitation and Department of IQ Health, Radboudumc Alzheimer Center, Radboud University Medical Centre Nijmegen

Background: Core elements of the Medical Research Council (MRC) framework for complex interventions include 1) consider context, 2) develop, refine, and (retest) program theory, 3) engage stakeholders, 4) identify key uncertainties, 5) refine interventions, and 6) economic considerations (Skivington et al., 2021). When developing, evaluating, and implementing psychosocial interventions for dementia specifically, it is unclear if these core elements are perceived as relevant, if additional elements exist, and which methodologies/methods best operationalize them.

Aims: This study (part of METHODEM project) aims at i) determining which core elements are crucial and ii) reaching a consensus on which methodologies/methods can best integrate core elements and address specific objectives when developing, evaluating, and implementing psychosocial interventions in dementia.

Methods: A multi-method Delphi design is being co-created with a steering group (INTERDEM Methodology Taskforce) and advisory board. Round 1: Using an online survey, stakeholders (i.e., people with lived experiences, dementia researchers, healthcare professionals, policy makers) will rate the MRC core elements' importance per phase, suggest additional elements, and list how core elements can be considered (i.e., methodologies/methods). Results will be discussed with additional stakeholders using visual/object prompts to elicit complementary insights. Round 2: The list of core elements, methodologies/methods, and stakeholders' perspectives will be fed back to Round 1

participants, resulting in rankings. This process will be repeated until consensus on core elements and methodologies/methods is achieved.

Results: Round 1 is expected to be completed by the summer 2025.

Conclusions: To advance psychosocial intervention research in dementia, methodological rigor addressing specific research questions is essential. Central for good research quality is ensuring that research is feasible and relevant for all stakeholders. Approaches such as Randomized Controlled Trials may not answer “what works, for whom how, when, and why”, thus, a consensus on alternative methodologies/methods considering contextual differences is needed to guide future research.

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Care approaches - Psychosocial interventions

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POS13-16 - Impact of a dementia diagnosis and perceptions of post-diagnostic care in the UK National Health Services: Insights from the NOLA project

Charlotte Stoner[1], Woody Wootten[2], Alexandra Perkins[3], Helen Durgante[4], Linda Birt[5], Aimee Spector[6]
[1]North East London Foundation Trust, [2]North East London NHS Foundation Trust, [3]Queen Mary University of London, [4]Federal University of Pelotas, [5]University of Leicester, [6]University College London

Background: Receiving a diagnosis of dementia can be a distressing experience for individuals and their families. Whilst recent UK policy initiatives have emphasised timely diagnoses, there is limited understanding of how people experience the diagnostic process and to what extent their emotional wellbeing is consistently supported in post-diagnostic care. This study, conducted as part of the NOLA project, aimed to explore the psychological impact of a diagnosis and understand experiences of post-diagnostic support in UK National Health Service settings (NHS).

Methods: A national, digital survey for people with dementia and informal caregivers. Participants completed 11 open text boxes and two multiple choice questions to explore the emotional or psychological impact of receiving the diagnosis, their experience of post-diagnostic support for emotional wellbeing, and their perception of gaps in the support offered. Results were analysed using Structured Tabular Thematic Analysis by two researchers.

Results: The survey ran from August 2024 to January 2025. Fifty-six participants (people with dementia, n=19, carers n = 28; dyads n=3) completed the survey. Seven themes emerged including 1) an often long and exhausting fight for a diagnosis, 2) complicated and conflicting emotions at the point of diagnosis, 3) compassionate, knowledgeable and direct

clinicians can improve the diagnostic experience, and 4) varying desire and need for emotional support.

Discussion: Results suggest that receiving a diagnosis of dementia can have a profound psychological effect, yet no routine psychological support is provided as standard practice in UK NHS services. Findings also suggest there is inconsistency in how clinicians communicate a diagnosis, with good practice hugely valued, and poorer practice often resulting in missed opportunities for emotional support. There is an urgent need for consistent, structured and person-centred emotional support to be integrated into post-diagnostic services for people with dementia, ensuring that no one is left to cope alone

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Care approaches - Psychosocial interventions

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POS13-17 - Spiritual support for people affected by dementia

Emma Wolverson[1], Tamara Backhouse[2], Alice Burnand[3], Siren Eriksen[4], Andrea Fonseca de Paiva[5], Karen Harrison Dening[6], Jean-Bernard Mabire[7], Serena Sabatini[8], Jenny van der Steen[9]
[1]The University of West London and Dementia UK, [2]University of East Anglia, [3]The University of West London, [4]Lovisenberg diaconal University College, [5]University of Bradford, [6]Dementia UK, [7]University of Tours, [8]The University of Surrey, [9]Leiden University Medical Center and Radboud university medical center

Background: Spiritual support is defined as listening to and guiding individuals through life's difficult questions and plays an important role in helping people and their caregivers find meaning in challenging experiences. Because dementia is a life-limiting illness, spiritual support is a vital component of holistic care.

Aims: (1) To systematically map the research conducted on interventions developed to provide spiritual support for people with dementia and their caregivers from diagnosis and across the disease trajectory.

(2) To gather the views of people with dementia and caregivers about these interventions and identify areas for future research.

Methods: A scoping review was conducted to explore the breadth of research on spiritual support in dementia care, encompassing interventions, service delivery models, programs, toolkits, approaches, and activities. The findings were shared and discussed with seven people with dementia and six family caregivers in an online consultation.

Data Sources: Electronic databases (MEDLINE (Pubmed), CINAHL, PsycINFO, EMBASE, Web of Science and The Cochrane Library) were searched from inception until February

2025. References of included papers were hand searched. The quality of studies was assessed using the Mixed Methods Appraisal Tool.

Results: Twelve studies reported on interventions for people with dementia, caregivers, staff skills, care environments, and inclusive worship, targeting various stages of dementia. Most methodologies were exploratory with small sample sizes. People with dementia and caregivers emphasised the need for multifaceted, personalist spiritual support. Highlighting the importance of creative activities such as art music and time in nature.

Conclusion: This review identified diverse spiritual support interventions across the dementia care pathway, though evidence quality varies. More robust research is needed, with involvement from people with dementia and caregivers to ensure tailored, inclusive, and effective support.

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Care approaches - Psychosocial interventions

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POS13-18 - Meaning in life; interprofessional and interorganisational collaboration in dementia and spiritual care

Franka Bakker[1], Jacqueline van Luyk[2], Jasper ter Horst[2], Janneke Kramer[2], Birsen Tas[2], Yvonne Bousema[2], Zas Bousema[2], Marieke Sportel[2]
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Background: People with dementia (PwD) often face questions about meaning in life (MiL). However, health and social care professionals do not always recognize and address these concerns. Providing spiritual care for PwD living at home—and for their caregivers—requires teamwork across different professions and organizations. To explore how this can be done, a learning network was established. Goals were to understand (a) the existential questions that arise for PwD and their caregivers and how these impact daily life, and (b) how spiritual care professionals, dementia casemanagers, and health and social care organizations can collaborate to support them.

Methods: The learning network included a PwD and her partner, spiritual caregiver, dementia casemanager, social workers, dementia care researcher, and social work and nursing students. They met eleven times (November 2022–October 2024), for 1.5–2 hours. Meetings were structured to progress from identifying challenges to finding solutions. Various methods were used, such as discussing real-life cases, sharing perspectives on dementia and each other using conversation cards, completing preparatory assignments, and reviewing student research findings. Meeting records and student reports were analysed to gather insights into key questions and collaborative outcomes in spiritual care.

Results: Two main themes were identified: (1) Understanding how PwD interpret their symptoms is crucial for helping them maintain meaningful lives. (2) Clear communication is essential for collaboration in spiritual care. Professional jargon and unclear roles can make teamwork difficult, while dementia symptoms and cultural differences can further complicate conversations. The network developed an interdisciplinary training, which was

integrated in a collaboration agreement, to ensure periodical encounters and ongoing collaboration.

Conclusion: Interdisciplinary spiritual care requires open-mindedness, clear language, and well-defined collaboration opportunities. Involved professionals need concise and persuasive ways to explain their role in supporting MiL to each other. Creative communication strategies are necessary to discuss MiL with people with dementia.

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Care approaches - Psychosocial interventions

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POS13-19 - From “people with dementia” to citizens of the world: the Novilunio Model

Cristian Leorin[1], Eloisa Stella[2], Giovanni Nicoli[3]
[1]Novilunio Association / University of Padova, [2]Novilunio APS, [3]Nottingham Trent University (NTU)

This presentation introduces Padua’s groundbreaking Novilunio initiative, a four-phase model that redefines support for dementia through psychosocial strategies combating dehumanization and systemic exclusion. We will demonstrate how this approach restores agency and citizenship through innovative empowerment methods.

Phase 1: Adaptive Resilience
Drawing from the “Living Well with Dementia” post-diagnostic framework, developed by Richard Cheston and Ann Marshall, we show how early support equips families with tools for meaningful adaptation, challenging societal marginalization through proactive life redesign.

Phase 2: Community Reclamation
We highlight self-help groups built on reciprocal support, where participants living with a diagnosis and their family members become both resources and beneficiaries.
Through mutual empowerment, members combat stigma while reclaiming autonomy. The model extends into community engagement, with cultural outings and public space initiatives asserting participants’ right to social participation.

Phase 3: Digital Empowerment
We present tailored tech programs that reduce isolation through practical digital skills. Participants maintain social connections and manage responsibilities using simplified, secure tools, preserving independence.

Phase 4: Narrative Transformation
We showcase advocacy efforts where individuals lead societal perception changes. Through firsthand storytelling, participants dismantle stereotypes and redefine support paradigms.

Key Takeaways
This presentation will demonstrate how Novilunio's holistic approach:
- Rebuilds identity through adaptive strategies
- Fosters solidarity and contrasts social isolation via reciprocal support systems
- Bridges digital divides with accessible technology
- Amplifies marginalized voices through narrative agency.

Novilunio's model transcends traditional care by attacking exclusion through identity rebuilding, peer solidarity, digital inclusion, and narrative advocacy. It repositions dementia as a catalyst for social innovation, restoring citizenship through practical support and systemic change.

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Care approaches - Psychosocial interventions

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POS13-20 - Cognitive Stimulation through games in care settings: a case study on LabirinticaMente in Italy

Valeria Tinarelli[1], Giulia Murgia[2], Paola Milani[3]
[1]Associazione Malattia di Alzheimer, [2]CIDAS Social Cooperative, [3]Clinical and Community Psychology, Local Health Authority AUSL

There is wide agreement that Cognitive Stimulation (CS) is an effective support in caring for people with dementia. In care settings, CS is a great asset for both caregivers and care-receivers to create opportunities for meaningful engagement and support. Conventional CS group-work requires a ramp-up time to build trust and lower barriers, so that interactions become effective and beneficial. Such structured approaches focus on monitoring improvement through neuro-psychological evaluation.

While such approaches are essential in caring for people with dementia, there is an opportunity for complementary approaches that, while still focusing on wellbeing and the stimulation of cognitive abilities, differ from the conventional stimulation-response-evaluation setting.

Group games are a valid complementary tool because they focus on the players' wellbeing, who enjoy the game while building confidence and stimulating their cognitive abilities. This research presents the innovative game LabirinticaMente developed in 2021, and tested in different settings with 250+ people with and without dementia. LabirinticaMente is both modular and flexible, to offer different levels of complexity and suit different participants. Results relate to a questionnaire administered to 200 players with dementia. Questions focused on perceived difficulty of the overall game, perceived difficulty of the different decks of cards (each linked to macro-areas of CS), length of the game, and their feelings towards it (being bored, feeling involved, having fun, feeling comfortable). Players responded overwhelmingly positively to their experience of the game across all areas, praising appropriate duration of the game and its level of difficulty.

Conclusions show that LabirinticaMente sustains and supports CS intervention in the care settings for people with dementia. LabirinticaMente proved to be a useful tool for the caregiver with beneficial impacts on both activities' planning and the wellbeing of the person with dementia, who get involved in activities that are both complex and playful.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-22 - “Bridges of knowledge- The role of the community in the therapeutic response to Dementia”

Iola Fernandes, Iolanda Santos
Santa Casa da Misericórdia de Castro Marim

The article “Bridges of knowledge- The role of the community in the therapeutic response to Dementia”, describes an innovative pilot project developed at the José Cabrita Residential Structure and Day Center (Estrutura Residencial e Centro de Dia José Cabrita), in Castro Marim, Portugal. This project suggests an multidisciplined therapeutic intervention for people with Neurocognitive disorders (NCDs), such as Alzheimer, Parkinson, Frontotemporal, Vascular and Korsakoff Syndrome, including traditional cognitive stimulation with community activities executed in different spaces in the small village of Castro Marim.

The methodology adopted combined qualitative and quantitative evaluation, with a sample of 15 participants, aged between 57 and 92 years, evaluated before and after six months of intervention. The evaluation included cognitive (MMSE, FAB), emotional (GDS-15, GAI) and functional (Barthel Index) tests. The activities implemented included historical recreations, creative workshops, therapeutic groups, cultural visits, yoga sessions, hydrotherapy, adapted gymnastics, among others, with defined therapeutic objectives.

The results indicated a general trend of maintenance or slight improvement in cognitive status, particularly in executive functions and memory, although with slight differences between the types of neurocognitive disorder. In the emotional field, there was a worsening of depressive and anxious symptoms, especially in Alzheimer's and Vascular dementia. At the functional level, a decline was observed, more noticeable in cases of Alzheimer's.

The community engagement proved to be crucial, promoting empathy, integration, and stigma reduction. The village became an open-air therapeutic space, transforming the social environment into a co-therapeutic agent. The study concludes that multidisciplinary intervention, with active participation of the community, is effective in promoting the well-being, autonomy and quality of life of people with Dementia. It is recommended to replicate the model in other contexts and to develop longitudinal studies that assess long-term impacts.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-23 - Cognitive Stimulation Therapy - España. Adaptation of an Evidence-Based Intervention to the Spanish Language and Culture

Enrique Perez[1], Elisa Aguirre[2], Mireia Tofiño[3], Teresa Rodríguez[3], Beatriz Pelaez[3]

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In Spain, the aging population has made dementia a major public health priority, highlighting the need for evidence-based, non-pharmacological interventions. Cognitive Stimulation Therapy (CST) is a group-based therapy for individuals with mild to moderate dementia, developed in the UK by combining the most effective elements of prior cognitive approaches. CST has shown significant benefits in cognition, quality of life, communication, and language, and its cognitive effects have proven comparable to standard medical treatments, making it a cost-effective option. As a result, CST has been translated into multiple languages and is currently offered in over 35 countries.

In collaboration with the International Cognitive Stimulation Therapy Centre, we undertook the translation and cultural adaptation of the original CST manuals to the Spanish context, resulting in CST-ES. This process followed the Formative Method for Adapting Psychotherapy (FMAP) and included two focus groups with eight dementia care professionals, a pilot study with six individuals with dementia from CREA (a national dementia care center), and individual interviews with participants, family caregivers, and facilitators. The pilot study assessed feasibility and impact using standardized tools: MMSE, CAMCOG-R, GDS-15, QoL-AD, Barthel Index, and the Lawton and Brody IADL Scale.

The results confirmed that CST-ES is culturally and linguistically appropriate for Spain. Participants, caregivers, and facilitators reported high satisfaction and observed cognitive and quality of life improvements. No implementation barriers were identified.

With the recent publication of the adapted CST-ES manuals, healthcare professionals in Spain now have access to a validated, evidence-based cognitive stimulation intervention. Previously unavailable in the country, CST-ES enriches the range of non-pharmacological therapies for people with dementia and offers a meaningful, cost-effective alternative to standard care.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-24 - What is intended by the term “participation” and what does it mean to people living with dementia?

Sarah Kate Smith[1], Emma Louise Wolverson[2]
[1]University of Manchester, [2]Dementia UK

Policy continues to emphasise the importance of wellbeing in dementia yet there remains a vital need for psychosocial interventions that can promote positive outcomes ‘in the moment’ to enhance the varying ways people may live well with dementia. Our developing understanding of what people living with dementia report as being important to them, has resulted in new interpretations of what constitutes wellbeing including constructs such as ‘growth’, ‘purpose’ and ‘participation’. These exciting and important constructs are not currently captured by outcome measures within dementia research which limits our understanding of the value of psychosocial interventions.

There also remains limited consensus in psychosocial dementia research regarding what ‘domains’ are important to measure, and a reliance on well cited validated measures is maintained in the absence of appropriate alternatives. Cognition continues to be prioritised over other domains irrespective of whether improved cognition is the intended focus of the intervention. We know that wellbeing can be improved and sustained through continued ‘participation’ within families, communities, and society by volunteering, hobbies and friendships as evidence suggests that this is essential to people living with dementia when they are asked about their lives.

A focus on participation can illustrate the persons strengths and abilities and all that is maintained in their continued contribution to society. This paper describes a call to action focusing on the concept of participation and how continued participation in social life can make a difference to the rights of people living with dementia as citizens. We will consider why participation is important and how we might measure ‘participation’ in meaningful ways when this is such a new construct in dementia research and care. Finally, we will consider

the value of ‘participation’ as a meaningful outcome and if there is a place for such a new concept in future dementia research.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-25 - What is relevant for people with dementia and their relatives for the use of video feedback at home? A participatory conception of an intervention study.

Claudia Dinand[1], Dominique Autschbach[1], Franziska Anushi Jagoda[1], Margareta Halek[1], Pardevi project group[2]
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Background: Sensitive communication skills and mutual understanding are essential for people with dementia and their relatives to live well at home. These skills can be learned, trained and reflected upon through video feedback. However, the evidence for this dyadic intervention has not yet been sufficiently investigated. It is also unclear what is relevant for people with dementia and their relatives regarding the intervention and its application at home.

Aim: Together with and for people with dementia and their relatives, we conceptualized a study applying video feedback at home.

Methods: In a one-year participatory design, people with dementia and their relatives had three options for participation a) supervision in an advisory board, b) working on appropriate everyday situations, meaningful outcomes, suitable recruitment strategies, and a public and patient involvement plan for an intervention study in six focus groups and c) joint publications.

Results: Three people with dementia and six relatives agreed to participate as co-researchers. Based on the interests of the participants, the planned design was slightly adapted: we replaced the advisory board with four representatives of local interest groups and added a focus group to work out the components of video feedback. Overall, we

creatively worked out and finally consented to all key topics. We jointly presented the results to the public in various formats.

Conclusion: The active involvement of people with dementia and their relatives in the study design opens up new perspectives to the application of and research on video feedback. It requires a flexible study design, a relationship-oriented research approach, and close coordination with the funder. We expect that the jointly developed study design will improve the suitability of video feedback for the target group, increase willingness to participate, contribute to follow-up studies, and enhance the long-term success of the implementation.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-26 - Evaluating the Efficacy of Psychological Support for Caregivers of Individuals with Neurocognitive Disorders: Individual vs. Group Interventions

Margherita Vincenzi[1], Lucia Borgia[2], Betty Bottura[2], Giacomo Dal Gesso[2], Sara Gorza[2], Lucia Angela Nava[3], Pamela Iannizzi[4], Elisa Di Rosa[1]
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Introduction: Caring for individuals with neurocognitive disorders can place a substantial emotional and psychological strain on caregivers, often leading to elevated levels of stress and decreased overall well-being. In light of this, the development and evaluation of effective psychological support interventions are crucial to mitigate the adverse effects associated with caregiving. This study explores the effectiveness of such interventions implemented as part of the ORA Project, an initiative supported by the CARIPARO Foundation (Italy).

Method: The research involved 102 caregivers (average age = 64.7 years; 62 female participants). Of these, 75 received psychological support, delivered either individually (IS; N = 41) or in group settings (GS; N = 34). The remaining 27 participants were placed in a control group (CG), receiving no psychological intervention. Standardized instruments were administered at the start of the study (T0) and after a six-month period (T1) to measure levels of caregiver burden, anxiety, depression, stress, and quality of life.

Results: Preliminary analyses (N = 65) indicated a significant decrease in perceived burden ($p < .001$) and stress ($p < .05$) among participants in the group-based intervention. Caregivers in the individual support group maintained stable levels across the assessment period. In contrast, those in the control group exhibited increased stress levels ($p < .05$) and a notable decline in quality of life ($p < .001$). Overall, both intervention formats proved more

beneficial than no intervention, with group support demonstrating a stronger effect in reducing caregiver distress.

Conclusions: These initial findings underscore the value of structured psychological support, particularly group-based approaches, in enhancing the mental health and overall well-being of caregivers supporting individuals with neurocognitive disorders. The outcomes reflect the impact of the interventions implemented within the framework of the ORA Project.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-27 - Cognitive Stimulation Therapy for people with dementia: from ameliorating loneliness to assessing its role in explaining cognitive, behavioral and psychological benefits

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[1]Department of General Psychology University of Padova, [2]IRCCS Santa Lucia Foundation, Neuropsychiatry Laboratory, Clinical and Behavioral Neurology Department

The twofold objective of this study was to examine: i) whether Cognitive Stimulation Therapy (CST) would ameliorate loneliness and its social and emotional facets at short- and long-term; ii) how baseline loneliness and its facets, as an individual disposition, would explain short- and long-term cognitive, behavioral and psychological benefits of CST among people with mild-to-moderate dementia.

Sixty-eight people with dementia receiving the Italian adaptation of the CST and 47 treatment-as-usual (TAU) controls from a previous controlled clinical trial completed the De Jong Loneliness scale, along with measures of general cognitive functioning and language, mood, behavior, and quality of life (QoL), at pre-test, immediately after completing the treatment, and 3 months later.

Results from mixed-effects models revealed a significant and specific reduction, in the CST group compared to the TAU group, in the emotional loneliness facet immediately after the intervention, however such benefit was not sustained at follow-up. Linear models showed that baseline loneliness contributed to explain short-term reductions in depressive symptoms, and short- and long-term benefits in QoL. When considering baseline loneliness facets, it was a lower social loneliness to account for short-term reductions in depressive symptoms and a higher emotional loneliness to explain greater short- and long-term benefits in QoL.

These findings suggest that CST could ameliorate emotional loneliness among people with mild-to-moderate dementia. At the same time, they highlight how individual dispositions in terms of social and emotional loneliness could have a nuanced influence on mood and QoL benefits provided by CST, depending on the domain, the loneliness facet and the assessment points considered. These results underscore the importance of addressing loneliness in people with dementia, also to better identify who is most likely to benefit from psychosocial interventions such as CST in clinical practice.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-28 - Carer and person with dementia perspectives of an innovative teacher-led programme of support for people with dementia in the UK and Denmark

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[1]University College Northern Denmark, [2]DementiaUK, [3]University of Northampton

Background: A novel dementia service uses teacher-led, educational provision, delivered in Denmark and the UK, that supports people with dementia to remain independent for as long as is feasible, maintains quality of life, social engagement and builds on existing skills. Inspired by cognitive stimulation therapy and neuro-pedagogy, the service offers lifelong learning and differs from previous related interventions by providing ongoing, individualised support that remains for as long as it is judged of benefit and interest. Developed in 2000, the lifelong learning intervention has sites in Denmark, Norway, and UK.

Method: The research explored the impact of attending this service. Using a mixed methods approach data was collected for those who were new to the service across two time points (baseline and 1 year). Data from focus groups with people with dementia and caregivers is presented here, providing the first international evidence base for this intervention. Nine focus groups were conducted with people with dementia (UK=5; 30ppl; Denmark=4; 19ppl) and nine with caregivers (UK=5; 21ppl; Denmark=4; 17ppl). Thematic analysis was conducted within and across each country's data.

Results: Key themes indicated the benefits of attending the intervention related to self-efficacy, quality of life, activities of daily living, cognitive stimulation and social engagement. Attending the service provided social interaction, mental and physical stimulation, feelings of 'being myself' in a non-stigmatised environment, enhanced confidence and a place to learn new skills for the members with dementia. Family members identified a greater understanding of dementia, social connection and time for themselves as key benefits.

Conclusion: This service offers a unique approach to dementia care and has wide reaching benefits for the person with dementia and family carers. Its value has been evidenced as offering an individualised, long-term approach to community care that supports individuals to continue to grow and develop with dementia.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-29 - Tailored Supportgroups for Rare Neurodegenerative Disorders: Insights from Patient and Family Experiences

Toon Van Steenbergen
UZ Leuven

At the Memory Clinic of UZ Leuven, we identified an unmet need for support tailored to individuals with rare neurodegenerative disorders and their families. These individuals often do not fully relate to existing peer and family support groups, which are primarily focused on Alzheimer's disease. They are faced with distinct challenges more specific to their own diagnosis.

To address this, a multidisciplinary team within our clinic organizes dedicated support groups for this target group. These sessions aim to foster meaningful contact between patients and their families, offering a safe space for shared experiences, recognition, and emotional support. The support groups focus on people diagnosed with posterior cortical atrophy (PCA), non-fluent variant primary progressive aphasia (nfPPA) due to corticobasal degeneration (CBD) or progressive supranuclear palsy (PSP), semantic variant PPA (svPPA), and the behavioral variant of frontotemporal dementia (bvFTD).

The poster presents findings from a qualitative analysis of evaluation forms completed by participants following the sessions. Insights from these forms provide a deeper understanding of the perceived value, relevance, and impact of diagnosis-specific support. The results offer important input for the continued development of psychosocial care initiatives for this underrepresented group of patients and their families.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-30 - Preliminary results of a validation study of the efficacy of a psychoeducational intervention combined with standard clinical care

Glòria Mas Vall-llosera[1], Marta Ivirico Prats[2], Susana de Sola[2], Désirée Piromalli[2], Elena de Andrés Jiménez[2], María Belén Sánchez-Saudinós[2], Manuel Cabezas Torres[2], Albert Puig-Pijoan[2], Noemí López González[2], Jesús Pizarro González[2], Xavier Masramon[2], Marc Suárez-Calvet[2], Nina Gramunt-Fombuena[2]
[1]Fundació Pasqual Maragall, [2]

The Pasqual Maragall Foundation presents the CUIDAR-T clinical study to evaluate the effectiveness of an online group-based psychoeducational intervention (*Learn to Care and Take Care of Yourself*) to improve the well-being of family caregivers of people with Alzheimer's disease in the early to moderate stages of dementia. The study compares the efficacy of psychological intervention plus standard clinical care with usual clinical care alone and assesses the stability of the observed benefits (pre, post and after a 6-month follow-up period).

This study includes 120 caregivers in a randomized, controlled, single blind design with two arms: intervention group (psychoeducational program, 8 weekly sessions 60min each, combined with standard clinical care) and control group (standard clinical care with 7 informational infographics sent at the same frequency as the intervention sessions). Primary outcomes focus on coping strategy use. Secondary outcomes include anxiety, depression, caregiver burden, stress, resilience, and perceived social support.

Preliminary post-treatment results show stable outcomes in the interventional group compared to a statistically significant increase (mean=0,76; p= 0,01) both in anxiety and depression scores in the control group after the treatment period. The HADS-Total score for the control group has a significant increase mean of 1,51 (p=0.005; IC 95%=0,46;2,57).

Change is also significant between groups (p=0.03). No other significant differences were noticed in the primary and secondary outcomes between groups after the treatment period.

These preliminary results are consistent with the hypothesis that the psychoeducational program combined with the standard clinical care is significantly more effective than the standard care alone for the caregivers' well-being. The 6-month follow-up evaluation will provide further insights into the potential long-term impact of this combined intervention. These initial findings support the value of non-pharmacological interventions combined with standard clinical care for familiar caregivers and suggest potential directions to improve their mental health outcomes.



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Care approaches - Psychosocial interventions

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POS13-31 - A realist synthesis of olfactory stimulation interventions in dementia care

Federica D'Andrea[1], Victoria Tischler[2], Tom Dening[3], Desireé Lopis[4], Aroua Rebaa[4]
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Background: There is a growing interest in using olfactory (smell) stimulation in dementia care. Despite its increasing popularity in clinical practice, the evidence for olfactory-based interventions effectiveness remains mixed, and little is known about its optimum delivery. Inconsistencies in the findings, along with challenges in comparing and synthesising existing evidence, make it difficult to identify 'key ingredients' or components that might influence the intervention effectiveness. Further investigation, therefore, is needed to fully elucidate the underpinning causal mechanisms and processes mediating the effectiveness of olfactory interventions.

Aim: This study aims to develop an explanatory account of how, why and in what circumstances olfactory stimulation for people with dementia living in care homes might work.

Methods: This is a realist review including an iterative and multi-stakeholder phased approach to develop theoretical explanations of how interventions might work through scoping the literature (Phase 1) and a survey with academic experts and healthcare professionals (N=20) (Phase 2), systematic searches of the evidence to test and develop the theories (Phase 3), and their validation with a purposive sample of stakeholders (Phase 4).

Findings: Outcomes, context factors, and potential mechanisms are identified from 62 included papers and 20 responses from the survey. Five potential causal explanations (outcome-context-

mechanism) are generated, describing how various positive outcomes may be achieved, both for residents and for care professionals. The emergent programme theory is confirmed or disconfirmed in relation to the literature through theoretical saturation and using additional follow-up data collection with stakeholders.

Conclusions: This study contributes to uncover the underpinning mechanisms, contextual dimensions, and the right circumstances for successful olfactory interventions in care homes. These findings will inform care practice and contribute to the growing literature on methodological approaches to improve intervention development and implementation.

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Care approaches - Psychosocial interventions

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POS13-32 - Process evaluation of a randomised controlled trial of DREAMS START, a multicomponent intervention for sleep disturbance in people with dementia and their carers

Penny Rapaport[1], Sarah Amador[2], Mariam Adeleke[2], Julie Barber[2], Lucy Webster[2], Hang Yuan[2], Sube Banerjee[2], Georgina Charlesworth[2], Chris Clarke[2], Colin Espie[2], Lina Gonzalez[2], Rachael Hunter[2], Simon Kyle[2], Malgorzata Raczek[2], Zuzana Walker[2], Gill Livingston[2]
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Introduction: Sleep disturbance is common and distressing for people with dementia, and we need safe, effective psychosocial interventions to address this. DREAMS-START (Dementia Related Manual for Sleep; Strategies for Relatives) is a multicomponent intervention targeting sleep disturbance in people with dementia. We conducted a randomised controlled trial (RCT) and found the intervention to be clinically effective in reducing sleep disturbances in people living with dementia at home and their family carers after 8 months compared to usual care. To enhance understanding of the DREAMS-START RCT we conducted a process evaluation to explore (i) DREAMS-START delivery (ii) behaviour change mechanisms and (iii) contextual factors impacting outcomes.

Methods: Mixed-methods design. We measured intervention adherence, fidelity and therapeutic process measures. We interviewed a sub-sample of intervention arm family carers and facilitators. We analysed data thematically guided by a prespecified theory of change logic model informed by the Theoretical Domains Framework. We measured movement using an actigraph worn by the person with dementia at baseline, four- and eight-month follow-up to explore potential mechanisms of action.

Results: Attendance was good (82.8% attended ≥4/6 sessions). Mean fidelity score (95.4%; SD 0.08) and median score for all four process measures assessed (5/5; IQR 5–5) was high. We interviewed 43/188 family carers and 9/49 DREAMS-START facilitators. We identified 3 overarching themes aligned with our model (1) Knowledge and facilitation

enable behaviour change (2) Increasing sleep pressure and developing skills to manage sleep disturbances and (3) Establishing a routine and sense of control. We were unable to collect sufficient data for pre-specified actigraphy analyses.

Conclusions: Despite competing demands carers attended DREAMS-START. It promoted behaviour change through supportive in-session reflection, increasing carer knowledge and skills. Change was embedded between sessions and actions reinforced as carers experienced changes and sleep improved. Results will inform future implementation in services.

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Care approaches - Psychosocial interventions

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POS13-33 - National Network for CST Group Leaders – A Way to Promote Quality and Implementation in Practice

Ulla Vidkjaer Fejerskov, Karen Tannebaek
Danish Dementia Research Centre

Background: Cognitive Stimulation Therapy (CST) is an evidence-based, psychosocial intervention for people with mild to moderate dementia. In 2021, the Danish Dementia Research Centre established a network for CST group leaders in Denmark. The purpose is to enable group leaders to stay updated on the latest CST research, receive professional support, gain inspiration and exchange experiences with each other. Furthermore, the network aims to support the implementation of CST and to strengthen the quality of CST practice. The members are invited to participate in physical and/or online meetings twice a year. Moreover, the Danish Dementia Research Centre, in collaboration with the members, has developed an online idea bank with free access to CST materials and activity suggestions.

Aim: The aim of this study was to explore the value and impact of the CST network for the members and the implementation of CST in practice.

Method: A questionnaire was contributed to members of the CST network (n=518) between March 13, 2025, and April 11, 2025. Additionally, a focus group interview with CST group leaders is planned for June 2025.

Results: 111 respondents completed the questionnaire. The study showed that the CST network enhances the quality of CST group leaders' work, strengthens their role as group leaders, and supports the implementation of CST in practice. At the conference, we will present the research findings from the survey and expect to supplement them with qualitative insights from the focus group interview.

Conclusion: A network for CST group leaders is a valuable resource for their professional development and for the quality of CST work in practice, while also contributing to strengthening the implementation of CST in Denmark.

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Care approaches - Psychosocial interventions

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POS13-34 - A Preliminary Evaluation of a Psychological Support Group Centered on Self-Care for Family Care Partners of People Living with Dementia

Wan-Ling Lin[1], Yu-Chun Chi[1], Chu-Yu Yang[2], Shih-Chuan Wang[3], Yi-Chia Chuang[3], Chi-Cheng Yang[4]
[1]Holistic Mental Health Center, Taipei City Hospital, [2]Taipei Wenshan Elderly Service and Day Care Center, [3]Wenshan District Health Center, [4]Holistic Mental Health Center, Taipei City Hospital, Department of Psychology, National Chengchi University

Objectives: Care partners of people living with dementia often prioritize the needs of the person they support while having limited opportunities to share experiences or receive mutual support. This can lead to the neglect of their own emotional needs and reduced self-care. Recognizing the importance of caregiver well-being, this study aimed to examine the effectiveness of a self-care-focused psychological support group for Taiwanese care partners.

Method: Seven family care partners participated in a self-care-focused psychological support group conducted from July to August 2024. The group, led by clinical psychologists, focused on emotional awareness, stress management, relaxation techniques, and caregiving resources. Participants attended a weekly two-hour psychosocial session over the course of four weeks. Psychological assessments were conducted prior to the sessions and included the Distress Thermometer (DT), the Chinese Caregiver Burden Inventory in Dementia (CCBID), the Beck Anxiety Inventory (BAI), and the Beck Depression Inventory-II (BDI-II). After each session, participants completed the DT again and provided qualitative feedback.

Results: DT scores significantly decreased after Session 2 (t = 2.465, p = .049) and Session 4 (t = 3.873, p = .012). CCBID total scores increased significantly post-session (t = -2.644, p = .038). Caregiving duration was positively correlated with higher BAI scores (r = .844, p = .017), and with CCBID subscales including Time Burden (r = .889, p = .007), Life

Development Burden (r = .954, p = .001), Physical Burden (r = .877, p = .010), Emotional Burden (r = .815, p = .026), and the total CCBID score (r = .946, p = .001).

Conclusion: The support group helped reduce post-session distress and enhanced stress awareness among family care partners. Caregiving duration was associated with increased caregiving challenges, highlighting the need for sustained support.

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Care approaches - Psychosocial interventions

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POS13-35 - Lessons learned from a pilot psychosocial intervention among informal carers of people living with dementia in Slovakia

Zuzana Katreniakova[1], Marta Nemcikova[2], Iveta Nagyova[2]
[1]Faculty of Medicine, PJ Safarik University in Kosice, [2]Department of Social and Behavioral Medicine, Faculty of Medicine, PJ Safarik University in Kosice

Introduction: Alzheimer Europe estimates that the number of people living with dementia (PLwD) in Slovakia is 62 495, representing 1.15% of the population. In 2040, it is expected that this number will increase to 180 000. Considering that people over 65 live an average of 4 to 8 years after diagnosis, long-term care for PLwD significantly impacts the lives of their family carers. This paper presents the lessons learned from a pilot educational psychosocial program designed to increase dementia literacy and reduce the burden on informal carers of PLwD in Slovakia.

Methods: The preparation included selecting a content framework, setting up a training team, planning the structure and timetable, preparing educational materials. Between September and June 2022, a series of 10 interactive sessions were performed in a hybrid format (7 online). Sessions were held regularly, once a month, in the early evening, lasting approximately 90 minutes. The multidisciplinary team consisted of experts addressing the dementia from various perspectives (general medicine, neurology, psychiatry, psychology, social work, physiotherapy, and public health). Two months after the intervention, participants that joined at least one session were invited to the process evaluation assessment.

Results: Out of 32 participants, 15 respondents replied to the online questionnaire (response rate 46.9 %). The sample consisted mainly of informal caregivers (66.7 %), women (80.0 %), and those with university education (80.0 %). Vast majority of participants was "very satisfied" with the pilot program (73.0 %). The main barriers for non-participation in each session were

as follows: workload, family obligations, timing of sessions, technical problems (online format), and the comfort of home.

Conclusions: Carers' burden is associated with health literacy. Targeted support that increases family carers' dementia literacy may have the potential to decrease their burden and enhance their ability to provide sustainable care over time [Grant support: VEGA 1/0097/24].

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Care approaches - Psychosocial interventions

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POS13-36 - Cognitive Rehabilitation in psychological pratice

Reinhard Guss
Oxleas NHS Foundation Trust

Cognitive Rehabilitation (Clare et al 2019) has an excellent evidence base of effectiveness in early to moderate dementia in terms of increasing independence, functional abilities, mood and quality of life. This is unsurprising, as people with cognitive disabilities due to head injury or stroke have long enjoyed rehabilitative approaches to improve and restore abilities in daily life and to attain goals. While people with dementia will lose progress made eventually, this is often outweighed by improvements that can be maintained over many years.

Cognitive Rehabilitation as an approach engenders hope, which can counter the nihilistic beliefs about dementia, and leads to experiences of success for people with dementia which can counter he hopelessness often experienced following a diagnosis. Cognitive rehabilitation is therefore a highly effective component of psychological therapies with people with dementia when treating post-diagnostic adjustment, depression or anxiety. In this presentation I will give an overview of the principles and practice of Cognitive Rehabilitation as originally developed, and outline how this can be utilised and integrated in therapeutic interventions with people with dementia. I will illustrate this with case examples form clinical practice.

The Exeter University team wo developed Cognitive Rehabilitation have now worked collaboratively with people with dementia. families and carers and published an online resource that allows patients and carers to access the method of planning for goals and using strategies to reach these. This resource is underutilised and I will outline ways of making it accessible and useful to individual as well as in the context of statutory or voluntary sector services, giving examples from our South London Memory Service.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-37 - Evolution of occupational therapy interventions for people living with dementia

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Background: In 2011, the Médéric Alzheimer Foundation conducted a nationwide survey among occupational therapists to understand their involvement in supporting people living with Alzheimer's disease or related conditions. The study helped identify their core missions: cognitive rehabilitation, mobility training, fall prevention, home adaptation, and caregiver support.

Objectives: In 2025, the Foundation is repeating the survey to capture how occupational therapists' interventions have evolved over the past decade, especially considering two key developments: the expansion of Alzheimer's Specialized Teams (ESA) and the growing focus on fall prevention in home settings.

Methods: A national questionnaire is currently being administered to occupational therapists working in public, private, and community-based settings. It explores their professional scope, care coordination, integration within ESA teams, and perceived obstacles in addressing home-based risks, particularly falls.

Preliminary insights: ESA teams provide multidisciplinary interventions at home, based on medical prescriptions. Occupational therapists assess the impact of dementia on daily living and design tailored interventions over 12 to 15 sessions. Their role in fall risk prevention and environmental adaptation is central. Given the alarming number of fatal falls among older adults in France (approx. 9,000 per year), this renewed study seeks to highlight how occupational therapists contribute to safety and autonomy at home.

Expected outcomes: By comparing findings with the 2011 baseline, the study aims to document changes in practice, identify persistent gaps, and inform public policies that promote the recognition and integration of occupational therapists in dementia care pathways.



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Care approaches - Psychosocial interventions

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POS13-38 - Development of a Dementia-Friendly Initiative to Promote Social Activities of People with Dementia in the Community (DemSA) - A Study Protocol

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Background: Social activities are an essential component of (social) health. However, interventions for people with dementia (PwD) have primarily focused on physical and cognitive health rather than on social health although positive effects were shown for PwD.

There is therefore a lack of interventions that specifically target social activities. Moreover, such interventions have mostly been developed without the involvement of PwD themselves, which may contribute to social inequality and further stigmatisation. Thus, the aim of this study is to develop a **Dem**entia-friendly initiative to promote **S**ocial **A**ctivities of people with dementia in the community (DemSA).

Methods: The study uses a participatory qualitative research design, embedded within the MRC Framework. The purposive sample includes PwD in early-stage (Alzheimer's or vascular). Ethical clearance will be obtained in advance.

First, the needs and influencing factors of participation in social activities must be identified. To identify the needs of PwD, problem-centred interviews will be conducted. Participatory methods such as Photovoice-Method and Community-Mapping are then used to identify influencing factors. In the Photovoice-Method PwD take photographs of important social activities and relevant influencing factors, which are then discussed in an interview. In Community-Mapping, small groups of 3-5 PwD discuss spatial factors influencing social activities in the community and mark them on a (digital) map. The discussion during the

marking process will be audio-recorded. All qualitative data will then be analysed using Kuckartz's content analysis.

The aim of those different participatory methods is to enable PwD to express their perspectives on different ways, verbally and visually.

Expected results: The diverse findings will serve as the foundation for developing a tailored intervention in collaboration with service providers for PwD, ensuring long-term relevance and applicability.

An advisory board from science and practice, e.g. representatives of PwD and local Alzheimer's organizations, will accompany and support the research process.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-39 - The Food Glorious Food project: Investigating the role of food in community-based group support for those living with dementia

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Community groups supporting people with dementia often offer food, or involve food in their activities. Food can be important to how we live our lives, and at the heart of opportunities to socialise, maintain skills, celebrate culture and reminisce. It can also help overcome stigma and encourage people to go along to groups that might support them.

However, there are significant challenges to working with food and it can be hard to get this right. People with dementia may feel self-conscious when eating or need extra support; food choices can be personal and people may be put off if they don't like what a group is offering; the right equipment and training is needed to work with food safely; and it can be expensive and labour-intensive to work with food. Some community groups may think twice about providing food and miss out on possible benefits.

Past studies regarding people with dementia and food have tended to focus mainly on nutrition in institutional settings. Not much is known specifically about the benefits to people's health and happiness of including food in community group support.

This presentation will discuss the findings of the Food Glorious Food study, which is now nearing completion. This project has investigated practices at six case-study community groups, including semi-rural Meeting Centres and Dementia Cafes serving a mainly White British population, an inner-city support group serving people of mainly Black Caribbean heritage, and support groups serving an urban South Asian community, each involving food in a different way. It has aimed to learn about the benefits and difficulties of involving food

in community group support, to understand what works or doesn't work for different people in different circumstances.

This abstract is for consideration as part of a Meeting Centre symposium but it could also be a standalone presentation.

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Care approaches - Psychosocial interventions

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POS13-40 - "IntegralMente" project

Marcello Galetti[1], Aude Klein[1], Katia Castellano[2], Federica Gallo[3]
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The territory of Pinerolo (western Piedmont) includes urban and mountain areas, has 130,000 inhabitants, 45,000 over-sixties, often isolated and far from services. In this context, the Rete Demenze del Pinerolese working group has been active since 2017, which includes public bodies in the health and social sector, non-profit social bodies and families, from whose reflections the IntegralMente project was born. Given the scarcity of services for people with dementia and Parkinson's after diagnosis and the consequent fatigue of families, the project has these objectives:

- integrate the activities already existing for the initial phases (diagnostic/therapeutic-pharmacological field, residential and semi-residential structures, home services, Alzheimer's cafés, self-help groups, dementia friendly community projects, awareness meetings for the population, memory assessment days) with specific stimulation, support and social activities that also act as secondary prevention;
- improve quality of life;
- promote cognitive and relational stimulation;
- support families and bring them closer to social and health services;
- delay and reduce institutionalization;
- keep people at home
- reduce loneliness.The project activities are: cognitive stimulation; DemenTalent projects; movement groups; sociality groups; targeted home OSS interventions; psychological support for families; home occupational therapy.

In the first three years of activity, 228 people were taken in (82% dementia, 18% Parkinson's) living in 35 of the 47 municipalities of the area, another 162 were directed to other social and health services. The results are evident in terms of approaching health services (77% had no UVG practice activated), early diagnosis, synergy with the territory, the public/private social and health sector and with the world outside the services.

Furthermore, the activities allowed families to make a common front, to feel accompanied, thus decreasing their sense of isolation.

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Care approaches - Psychosocial interventions

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POS13-42 - 10 years of Meeting Centres in the UK and the role of co-production

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Meeting Centres (MCs) for people affected by dementia came to the UK in 2014 as part of the MeetingDem project (www.meetingdem.eu) led by Professor Rose-Marie Droes (VUmc). MCs UK was established in 2018 led by the Association for Dementia Studies (ADS), University of Worcester. A MC is a local resource, operating out of ordinary community buildings, that offers on-going warm and friendly expert support, including peer support, for people and families affected by dementia.

A project funded by The National Lottery Community Fund in the UK aimed to increase the number of MCs by 15 to 20. From an initial pilot of two MCs their number has blossomed to over 70 located from the south west of England to the Western Isles of Scotland.

Significant national and regional developments have taken place over the last three years. MCs Scotland was established in 2023 to be the national support body for the development of MCs in Scotland. The organisation is funded and supported by the Scottish Government and MCs are included in the Scottish Dementia Strategy.

The model in Scotland for setting up a MC is a group consisting of a third people living with dementia, a third carers and a third workers. In Scotland over the last few years more people living with dementia have become involved in MCs. This has evolved from just being

involved to being at the front and centre of developments. MCs England has been recently established and will build on the learning from its Scottish counterpart.

The presentation will discuss learning from the first 10 years and what the future holds over the next 10 with a particular focus on co-production and person led initiatives.

(This abstract is for consideration as part of a Meeting Centre symposium but it could also be a standalone presentation/poster).

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POS13-43 - Group Counseling Support for Caregivers of People with Young-Onset Dementia: A Two-Year Psychosocial Intervention by the Athens Alzheimer's Association

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Athens Alzheimer's Association

Background: Young-onset dementia (YOD) refers to the onset of dementia symptoms before the age of 65. It affects approximately 159 per 100,000 individuals in Europe. Despite similarities in symptomatology with late-onset dementia, people with YOD and their caregivers face distinct psychosocial challenges. Access to appropriate support services remains limited, as existing care models primarily target older populations.

Objective: This intervention aimed to design and implement a pluralistic group support model combining person-centered counseling, psychoeducation, and online support for caregivers of individuals with YOD. The intervention was tailored to the unique needs of participants, aiming to empower caregivers, reduce burden, and foster emotional connection and resilience.

Method: The group consisted of 10 caregivers (aged 40–65), including spouses, parents, and children of individuals with YOD. The two-year intervention involved two in-person sessions per month and an active online group via Viber, facilitated by two experienced psychologists. The methodology was based on a pluralistic therapeutic framework that integrated person-centered counseling, psychoeducation, and online peer support. Evaluation was conducted through semi-structured interviews and analyzed using Thematic Analysis (TA).

Findings: The analysis revealed six main themes: (1) Medical issues; (2) Practical caregiving issues (care management, dilemmas, decision-making); (3) Family dynamics (role changes, concern for children's well-being); (4) Emotional experiences (anger, guilt,

denial, exhaustion, grief); (5) Social and institutional support (lack of community and state support); and (6) Self-care strategies.

Conclusion: The analysis identified significant outcomes, including enhanced caregiving capacity, improved emotional regulation, and strengthened social connections. These findings underscore the necessity of developing specialized support interventions for YOD caregivers, validate the efficacy of pluralistic, person-centered approaches, and demonstrate the critical role of digital tools in promoting sustained engagement and peer support.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-44 - Well-being and Social Inclusivity – Peer Support Group Interventions of the URHO-project

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Background: The URHO project offers group interventions aimed at improving participants' quality of life and everyday coping. Holistic well-being is promoted by providing information and peer support related to sleep, resilience, and brain health as well as to strengthen the participants' experience of social inclusion.

Objective: The objectives of the three different themed group interventions are to:
1. Improve sleep quality.
2. Strengthen resilience.
3. Increase awareness of key factors related to brain health.
Through participation, individuals' well-being and resources for everyday life are strengthened.

Methods: The program is intended for people with early-stage dementia, caregivers, and elderly people interested in the themes of the project. Each participant can choose one of the three intervention groups according to their interest:
1. "Tools for Better Sleep" provides support for recovery and improving sleep quality.
2. "Gentle Mind" focuses on strengthening resilience and mental well-being.
3. "Live Well" offers information on brain-healthy lifestyles.
Peer support is central to the interventions. Shared experiences and learning things by doing allow participants to view their everyday habits from new perspectives. Each group consists of 5–8 participants and meets five times. After completing one intervention, participants may choose to join another intervention.

Results: In all interventions, participants reported receiving peer support and an experience of social inclusion. Their knowledge increased, and insights were gained from others' experiences.
1. Sleep difficulties decreased.
2. Energy, self-compassion and hopefulness increased.
3. Physical well-being and quality of life improved.
A total of 27 interventions were organized with 195 participants.

Conclusion: The URHO project enhanced the well-being of people with early-stage dementia, caregivers, and elderly people through group interventions focusing on sleep, resilience, and brain health. Theoretical knowledge and peer support improved participants' quality of life and everyday resources, while also strengthened their experience of social inclusion.

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Care approaches - Psychosocial interventions

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POS13-45 - Towards the development of personalized Cognitive Stimulation (CS) interventions in people with cognitive impairments

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Group-based cognitive stimulation (CS) intervention is the most recommended psychosocial intervention in clinical guidelines for people with mild-to-moderate dementia. However, literature showing the effectiveness did not provide information about the aspects of people who are most likely to benefit from CS interventions. This study aims to identify the cognitive and non-cognitive aspects of people with dementia that can represent the most reliable variables in forecasting the effectiveness of psychosocial interventions.

A stepped wedge cluster randomised trial was conducted. Participants were recruited through local Alzheimer's Associations in Emilia Romagna, Italy. Nine groups of approximately 5 older adults with mild-to-moderate dementia (total n=50; age M=80,42 DS=5,24; 34 female, 16 male) underwent CS treatment one a week for 20 sessions. Trained operators facilitated all groups. CS effectiveness was measured before and after the beginning of the CS intervention program. The outcomes included functional (ADL, IADL), cognitive (MMSE; memory: Digit Span, Cubi di Corsi, Rey Auditory Verbal Learning Test; language: phonemic and semantic verbal fluency; attention: Trail Making Test; praxis: Clock Drawing Test, Copia di disegni) psychological and affective indexes (Big Five Inventory 10 items, 5-level EuroQol 5D, General Self-Efficacy Scale, UCLA loneliness scale, Italian Revised Memory and Behavior Problems Checklist, Hospital Anxiety and Depression Scale). A series of multivariate (MANOVA) analyses of variance and post hoc analysis were performed, considering as dependent variables the cognitive and non-cognitive assessments.

The results showed an influence of sociodemographic aspects like age, gender, education level and years of work on the gain from CS. Cognitive functioning also moderated the effectiveness of the intervention. The outcomes from psychological and affective assessment on QoL, personality, loneliness and BPSD also had a significant impact on the effectiveness of the CS program. These results will be helpful to offer more effective and personalised CS interventions on individual cognitive and non-cognitive aspects.

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Care approaches - Psychosocial interventions

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POS13-46 - Examining the functions and engagement with music in dementia through technologies designed to support choice and creativity.

Jennifer MacRitchie[1], Justin Christensen[2], Jon Pigrem[3], Renee Timmers[2]
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People living with dementia, their loved ones, and professionals who provide care in various settings are keen to use music to enhance daily living and communication with one another. However, without musical training, many feel unequipped to facilitate these interactions effectively. For four years we have collaborated with community and residential care groups to co-develop new technologies that make a range of musical experiences more accessible, supporting the agency of the person living with dementia.

Focussing on opportunities to enrich music-enjoyment at memory cafes, we aimed to analyse i) engagement with the musical devices, and ii) the potential social engagements they prompt.

We recorded eighty-four separate musical engagements from seven community cafes (2021-2024). Participants included people living with dementia (early to mid stages, varying types), their carers, volunteers and staff members. Each session was recorded on 360-degree video, capturing use of the Slider Box - a mixing desk analogy that facilitates playback of pre-recorded familiar music (n=11) or creating new music (n=16), or the MMM e-music box - an electronic version of the mechanical music box (n=57).

Two coders evaluated each video using the Music in Dementia Assessment Scale's five engagement dimensions (enjoyment, initiation, involvement, interest and response), as well as instances of connection with others, interactions with each device, and whether 'spotlighting' of the person with dementia occurred. Automated techniques were used to estimate gaze direction, tracking how social connections unfolded over time. Preliminary Bayesian models suggest evidence for activity type and spotlighting affecting engagement as measured by MiDAS. The dataset demonstrates a diversity of musical behaviours stemming from participants' creative choices such as singing or moving along, talking about

memories, or being satisfied or surprised at producing musical output. Implications point towards broadening musical offerings for people living with dementia to satisfy a multiplicity of functions.

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Care approaches - Psychosocial interventions

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POS13-48 - Specialized Care & Support in Home-Based Dementia Care: Process Evaluation of the SABD-Fam Project

Manuela Malek[1], Kerstin Köhler[1], Doris Arnold[2], Nina Basteck[3], Bernhard Holle[1]
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Background: In Germany, most people with dementia (PwD) are supported at home by family members. As dementia progresses, care needs change continuously, often causing high caregiver stress and leading to unstable care situations. To address this, the pilot project SABD-Fam was launched as part of the National Dementia Strategy. The project is commissioned by Malteser Germany; the University of Applied Sciences Ludwigshafen provides participatory intervention development. The German Center for Neurodegenerative Diseases Witten conducts the process evaluation.

Objective: The process evaluation aimed to describe the SABD-Fam intervention using a logic model, to identify factors that support or hinder implementation, to explore satisfaction among PwD and their family caregivers and to develop recommendations for future studies.

Methods: Based on the MRC Framework, the process evaluation was conducted in two phases. In the first phase, a two-day expert workshop developed an initial logic model. In the second phase, qualitative interviews were conducted, and analyzed using content analysis. In addition, satisfaction questionnaires completed by the PwD and caregivers were assessed. At the end of the project, the logic model was revised collectively.

Results: The logic model defines three key areas: stabilizing home-based care, strengthening professional skills and improving local collaboration. Interventions include personalized support provided by specifically educated dementia care nurses, case discussions in interprofessional teams, training and networking. Family members report feeling heard with their concerns and are grateful for having a trusted contact person who

was available for giving advice and support at all times. Feedback shows high acceptance by PwD and families.

Conclusion: The logic model offers a clear structure for further research and development of the SABD-Fam intervention. It supports future adaptation in community-based care and provides guidance for implementing inclusive, sustainable, and collaborative dementia support.

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Care approaches - Psychosocial interventions

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POS13-49 - Cognitive Training for Alzheimer's and Dementia: Evidence from a Systematic Review and Bayesian Analysis

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Introduction: The number of people living with Mild Cognitive Impairment (MCI), Alzheimer's Disease (AD), and other dementias is steadily increasing worldwide. Four out of nine international clinical guidelines advocate for psychosocial cognitive interventions to promote cognitive function, independence, and well-being. Despite this, the effectiveness of Cognitive Rehabilitation (CR) and Cognitive Training (CT) for individuals with MCI, AD, and related conditions remains uncertain, often due to significant study heterogeneity. This study aims to evaluate the effectiveness of CT and CR in these groups.

Methods: In accordance with PRISMA guidelines, we conducted a thorough literature search across databases including OVID, MEDLINE, EMBASE, and Scopus, selecting randomized controlled trials and non-randomized pre-post intervention studies. Our Bayesian meta-analysis focused on changes from pre- to post-intervention in global cognition, quality of life, everyday functioning, and depression, while intentionally avoiding control group comparisons to limit heterogeneity (PROSPERO: CRD42022365038).

Results: The search identified 6,075 records, with 40 studies meeting the eligibility criteria, encompassing 50 independent trials. CT was the most examined intervention, while participants with AD and other dementias were the most frequently studied group. CT was associated with greater improvements in global cognition among individuals with AD and other dementias, particularly when interventions used paper-and-pencil methods and face-to-face delivery formats. Nevertheless, the analysis revealed a considerable risk of bias across the included studies.

Discussion: The use of certain outcome measures (e.g., MMSE) underscores the need for more sensitive cognitive assessments, especially for MCI populations. Future research should broaden its scope to include wider aspects of well-being and further investigate the utility of CR. Policymakers are encouraged to take these findings into account when designing cognitive intervention strategies for these populations.

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Care approaches - Psychosocial interventions

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POS13-50 - Fostering relationship quality in the dementia care triad: a rapid review of effective and feasible psychosocial interventions in residential settings

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Introduction: High-quality relationships within the dementia care triad (nursing home residents with dementia, relatives, and care staff) are key to psychological well-being for all involved. Psychosocial interventions may foster these relationships. Yet, a clear overview of effective and feasible interventions is lacking.

Objective: This study, part of the SPREAD+ consortium, aimed to summarize recent peer-reviewed literature on psychosocial interventions that foster relationship quality within the dementia care triad in residential settings.

Methods: A rapid review was performed to analyze primary studies from the past decade. Inclusion criteria were (1) studies that investigated the effects of psychosocial interventions on relational aspects (2) within the dementia care triad in residential settings. Databases searched included PubMed, CINAHL, and PsycINFO. The review summarizes key findings regarding effects on relational outcomes, targeted components of the intervention, underlying mechanisms, feasibility, and factors influencing implementation.

Preliminary results: A total of 39 studies were included. Most interventions (n=14) focused on creative expression activities such as storytelling, filmmaking, poetry, visual arts, theatre, music, and dance. Others focused on life review (n=4), meaningful activities and shared engagement (n=8), and multisensory stimulation (n=5) as primary component. Additionally, stress management, communication and relational skills were targeted (n=8). Thirty-three interventions targeted the staff–resident dyad, 19 the relative–resident dyad, 13 the staff–relative dyad, and 10 the whole resident–relative–staff triad; 16 focused also on other relationships (e.g., between residents). Effectiveness, relational outcomes, feasibility, and implementation factors are currently being explored and will be presented at the congress.

Conclusion: Various psychosocial interventions may foster relationship quality within the dementia care triad. This review is an important step to inform the development of practical, sustainable interventions that can be integrated into daily practice and improve relational quality within care triads in residential dementia care.

Keywords: dementia, care triad, relationships, long-term care, rapid review, psychosocial intervention

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Care approaches - Psychosocial interventions

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POS13-52 - The place of non-pharmacological interventions (NPIs)in the care pathway for people living with Alzheimer's disease, 2019 -2023

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Every two years since 2011, the Médéric Alzheimer Foundation has carried out a national survey on support services for people with Alzheimer's disease (AD). We will present the evolution of the integration of non-pharmacological interventions (NPIs) between 2019 and 2023 in diagnostic centres, day centres and nursing homes, as well as the barriers to their integration in the care pathway.

The survey was conducted between December 2022 and October 2023 using paper or email questionnaires and included 591 diagnostic centres, 10337 nursing homes and 1542 day care centres. The term 'activity' was used in the questionnaire instead of 'non-pharmacological intervention' (NPI). The results, expressed as a percentage of respondents, are based on

- - 287 diagnostic centres (602 in 2019);
- - 758 day care centres (1849 in 2019);
- - 2606 nursing homes (4419 in 2019).

The main findings of the survey show that by 2023, 97% of memory consultations will prescribe NPIs (71% in 2019). However, implementation difficulties have increased, mainly due to insufficient availability, lack of specialists and transport problems. There has also been an increase in the reluctance of people living with alzheimer and their families to use NPIs and a decrease in their use in day-care centres, with 73% in 2023 (97% in 2019), and in nursing home, with 74% in 2023 (93% in 2019). Finally, more than 20% of institutions do not specify whether they are therapeutic or occupational activities, leading to confusion between NPIs and leisure activities.

The results of the 2023 survey show widespread prescription of NPIs for people with Alzheimer's disease, although challenges remain in integrating them into care settings. A complementary survey focusing on barriers is underway to better identify key drivers for the future.

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Care approaches - Psychosocial interventions

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POS13-53 - Boosting eHealth at home: scaling and implementing the caregiver support program 'Partner in Balance'

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As the number of people with dementia rises, the pressure on informal caregivers continues to grow. Early support is essential to prevent caregiver burnout and delay institutional care. The Partner in Balance (PiB) program provides early-stage support. Through online access and personalized coaching, PiB has demonstrated significant improvements in caregivers' self-efficacy, perceived control, and quality of life compared to usual care. However, barriers remain to its structural implementation. With support from the Dutch Stimuleringsregeling eHealth Thuis (SET), this three-year project scaled up Partner in Balance in three dementia care regions. The main goals were to increase the accessibility and visibility of the program, to enhance the skills of healthcare professionals in using innovative tools like this one, to integrate the program into the regional dementia care chain, and to strengthen the case for its sustainable use.

The project successfully expanded the reach of Partner in Balance, with more caregivers and healthcare professionals adopting the program. The implementation strategy was refined based on feedback from healthcare professionals, which led to the customization of coach training and more tailored intervision and inspiration sessions. Partner in Balance was embedded in the standard workflow of professionals in the three regions, becoming one of the essential tools in their 'toolkit'. Additionally, a sustainability plan was developed focusing on a flexible licensing model, diverse funding sources, regular platform updates, and further scientific validation. These efforts lay the groundwork for broader implementation and lasting impact of Partner in Balance within the evolving dementia care landscape. The insights from this project, including key barriers, success factors, and future directions, offer valuable lessons for scaling digital innovations in dementia care. These

findings will be shared to inform stakeholders and accelerate sustainable implementation, maximizing impact for caregivers and those they support.

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Care approaches - Psychosocial interventions

08/10/2025 - 10:00-15:45 - POS13. Psychosocial interventions

POS13-54 - Sporting memories – using the power of sports reminiscence to empower people to reconnect with memories and friendships from their past

Cathryn O'Leary
The Alzheimer Society of Ireland

Sporting memory programmes provide powerful psychosocial interventions for people living with dementia, tackling isolation, depression and loneliness through safe friendly sessions. Ireland has a rich and vibrant culture, with sport at the heart of many local communities. ‘Sporting Memories’ is an initiative by The Alzheimer Society of Ireland as part of the Dementia Inclusive Communities Programme. It is delivered in partnership with two national sporting organisations, The GAA and FAI through their extensive club networks.

Sporting Memories brings people together to reminisce about their lives through the medium of sport, using images, video, conversation and memorabilia to spark memories and encourage social engagement. It empowers improved memory recall and conversation skills through guided discussion about sporting memories.
This presentation will outline how Sporting Memories was developed and how it is delivered in the heart of local communities. We will highlight the cognitive and psychological benefits of engaging in reminiscence in addition to feedback from attendees.

It will also outline how Sporting Memories fosters social connections by providing opportunities for participants to share memories and engage in group activities, dismantling stigma, reducing loneliness and social isolation, building relationships and empowering a sense of community and belonging.

Physical health benefits will be explored and the broader impacts for carers and impact for those in community settings. The adaptability of SM to any setting be it residential or community will also be highlighted.

Key learnings and best practices of this programme will also be shared to inform international colleagues of the Irish experience of running a Sporting Memories programme and to give them an insight as to how Sporting Memories provides holistic benefits for people with dementia, bringing joy, laughter and happiness, while addressing their cognitive, emotional, social, and physical needs. Sporting Memory programmes are truly wonderful so hopefully this will empower more

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Care approaches - Psychosocial interventions

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POS13-55 - A Person-Centred Dementia Care Intervention Influences Psychological Safety in Long-Term Care Staff Teams

Andrea Koppitz, Frank Spichiger, Stephanie Zahner, Stephanie Kipfer
HES-SO Fribourg

Background: Two thirds of people in Swiss long-term care facilities (LTCFs) have dementia. The WHO states that person-centred care is the gold standard for dementia. We recently completed the first randomised controlled trial that tested a nurse-led person-centred care intervention for people with dementia in Swiss German-speaking long-term care facilities. This trial demonstrated that 'person dementia profile intervention' improves quality of life for people with dementia in LTCFs.

Methods: The 'person dementia profile intervention' was tested with a randomised design over a period of 15 months. It included 240 people with dementia who lived in 23 LTCFs. Crossover intervention occurred after the usual care and 'person dementia profile intervention', which involved LTCF staff and family members.

Results: The psychological safety of the LTCF staff was key to the success of the 'person dementia profile intervention'. It led to significant improvements in quality of life for people with dementia, as measured by QUALIDEM (95% CI, 1.34–3.86; $P < 0.001$; 67 for total intervention; 95% CI, 64.8–69.1 vs. 64.4; 95% CI, 62.3–66.4 for the control).

Conclusion: Psychological safety is essential to promoting innovation and efficacy in person-centred care within LTCFs. A structured and systematic process that promotes person-centredness among family members and LTCF staff is an effective method of adopting a person-centred approach. Furthermore, the 'person dementia profile intervention' can be co-financed through the Swiss interRAI-LTCF tariff system, which is a central requirement for nationwide implementation.

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Care approaches - Psychosocial interventions

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POS13-56 - The effects of individual music therapy on well-being of nursing home residents with dementia: a randomized controlled trial

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Background: Dementia is often associated with Neuropsychiatric Symptoms (NPS) such as agitation,
hallucinations, anxiety, that can cause distress for the resident with dementia and can impose emotional burden on the environment. NPS are often treated with psychotropic drugs, which,
however, frequently cause side effects. Alternatively, non-pharmacological treatments approaches such as music therapy (MT) can improve well-being and quality of life and NPS of
those living with dementia.

Objective: This study aims to evaluate the impact of individual music therapy on directly observed well-
being in nursing home residents with dementia and NPS.

Methods: The study was conducted at eight locations of a nursing home organization in the Netherlands.The intervention group received 30 minutes of individual music therapy twice a week for 12 weeks, while the control group received 30 minutes of individual attention from a volunteer.
Assessments took place at baseline, 6 weeks, and 12 weeks. A blinded independent observer assessed discomfort and pain before and after the sessions. Nurses, who were not blinded, assessed secondary outcomes such as quality of life and neuropsychiatric symptoms. Data were
analyzed using linear mixed models.

Results: Regarding blind observations like discomfort DS-DAT and pain PAIC-15, no significant effects
of the intervention were found. However, secondary outcomes, including quality of life (p=0,023) and NPS (p=0,001) significant improvements of the intervention were found.

Discussion: The main purpose of this study is to assess the effects of individual music therapy on directly observed well-being controlled for individual attention in nursing home residents with dementia
with NPS. We hope to overcome limitations of previous study designs such as not blinded designs and music facilitators that were not only music therapists but also occupational therapists
and nurses.

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Care approaches - Psychosocial interventions

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POS13-57 - Doll therapy as a non-pharmacological method to support the well-being of people with dementia: narrative literature review

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[1]Tartu Applied Health Sciences University, [2]South-Estonian Hospital, [3]Pärnu Hospital

Doll therapy offers a person-centred, non-pharmacological intervention that addresses emotional needs and promotes engagement in daily activities.

The **study aimed** to describe the nature of doll therapy and its impact on the well-being and coping of people with dementia. The narrative literature review was applied. A search was performed in PubMed, EBSCO, and Science Direct from 2013 to 2023. The thematic content analysis incorporated 31 research articles.

The study findings reveal that doll therapy prioritizes the autonomy and dignity of individuals with dementia by allowing them to choose whether and how to interact with a doll. The therapy is grounded in a comprehensive understanding of the individual's life history, interests, and capabilities, thus fostering a supportive and non-judgmental environment.

Doll therapy can significantly reduce symptoms such as agitation, anxiety, wandering, while enhancing, for example, social interaction, emotional well-being, and sleep quality. It also shows potential for decreasing reliance on antipsychotic medications and mitigating the risks of social isolation. Doll therapy activates preserved emotional and sensory memories, facilitating reconnection with nurturing roles and aspects of personal identity.

Although societal stereotypes have limited its application among male patients, research underscores its effectiveness across genders, reflecting fundamental human experiences such as caregiving. Various types of dolls, including empathy dolls and realistic infant models, are employed to maximize therapeutic impact.

In conclusion, the doll therapy offers a meaningful, evidence-based strategy to enhance the emotional well-being, self-expression, and quality of life of individuals living with dementia.

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Care approaches - Psychosocial interventions

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POS13-58 - Effect of Best Practice Dementia Care on residents' quality of life, staff well-being and quality of care

Anna Castaldo[1], Andrea Fabbo[2], Marta Zerbinati[3], Marco Bruno Luigi Rocchi[4], Paola Ferri[5]
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Best Practice Dementia Care was developed in 2007 by the University of Stirling's Dementia Services Development Centre (DSDC) (UK). The BPDC programme is based on Kitwood's Person Centred Care (PCC) approach and comprises individual and team 'reflective practice' of the staff.

We conducted a non-randomized controlled pragmatic multicenter trial from February 2021 to August 2023 in 4 Italian nursing home, in which 147 residents (92 in the intervention group) and 139 operators (64 in intervention facilities) were involved. All staff of intervention groups attended 24 hours training, arranged in 8 meetings, every 2 weeks. Repeated measurements of resident and operator outcomes were made: T0 at baseline, T1, T2 and T3, respectively after 6, 12 and 18 months.

Results showed a reduction in restraint use or psycholeptics (primary outcome) in the intervention groups, although it was not statistically significant (p 0.132), from T0 to T3. Instead, we found a reduction in psychic symptoms (Cohen-Mansfield Agitation Inventory) and an improvement in quality of life (Qualid). Both differences were statistically significant. The operators involved in intervention group showed high knowledge and skills at the end of the training and a statistically significant reduction in potentially abusive attitudes and behaviors towards residents (Caregiver Abuse Screen). They also showed a lower difficulty in the care experience (Caregiver Difficulty Scale) and a reduction in burnout (Maslach burnout Inventory), even if the differences were not statistically significant.

In addition, a systematic observation of the interactions and involvement of 16 residents was carried out, 4 for each structure. The observations, in four times, were made by two

expert researchers, using the Piece dem method. A quali-quantitative analysis showed increasing quality of behaviors and interactions in intervention group residents.

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Care approaches - Psychosocial interventions

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POS13-59 - “We’ve become closer as a couple”: An in-depth case study of the experience of hallucinations in a person with dementia.

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[1]Brighton & Sussex Medical School, [2]Sussex Partnership Foundation Trust, NHS, [3]Brighton and Sussex Medical School

Background: This presentation will focus on a case example of the adapted Coping Strategy Enhancement (CSE) intervention for hallucinations for people living with dementia and carer. The CSE intervention focuses on being curious about hallucinations, adapting and implementing coping strategies, aiming to reduce distress. No specific non-pharmacological interventions exist for people with dementia with hallucinations; this is an example of a potential new intervention.

Aim: This study aimed to assess the feasibility of delivering an adapted version of the CSE intervention within the context of dementia.

Methods: The researcher met with the person with dementia and their carer for an assessment and baseline measure collection. Following this, they received 6 therapy sessions with a clinical psychologist over 2 months. The researcher then met with the dyad to conduct post-intervention measures and a semi-structured interview.

Case Description: The dyad, a married couple, were facing significant difficulties in relation to visual hallucinatory experiences; she experienced this as seeing a family in her home. The hallucinations were associated with high levels of distress and existing methods of coping were not helpful. During the intervention, helpful behavioural strategies were adapted and implemented. Bespoke resources were created to support consistent implementation of the coping strategies. Themes from the interview included teamwork, engaging with the hallucinations and taking time to

understand each other's experiences. Most importantly, the carer stated that they became closer as a couple throughout the process of learning together.

Discussion: This case illustrates potential value of working with a dyad to facilitate coping with hallucinations, reinforcing the relevance of non-pharmacological support options within this context. Tailoring the approach and materials was central to its success.

Conclusion: This case study offers insight into how the CSE intervention can be offered to PLWD and their carers. A feasibility study of this intervention is being undertaken.

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Care approaches - Psychosocial interventions

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POS13-60 - Co-producing a training intervention to improve personal care assistance for people living with dementia in care homes: OPTIMISED-DEMCARE

Tamara Backhouse[1], Anne Killett[2], Scarlett Fountain[2], Eneida Mioshi[2]
[1]University of East Anglia, [2]UEA

Background: People living with dementia develop considerable needs for assistance with personal care activities such as washing, dressing, and going to the toilet. Sometimes personal care assistance is not acceptable to the person, and they refuse care. Consequently, care home staff sometimes require support to improve personal care assistance. We aimed to co-produce a training intervention for care home staff to improve personal care assistance for people living with dementia.

Methods: This research had three stages: 1) mapping the contexts of care homes in relation to refusals of care, personal care and recording systems - involving interviews with care home staff, residents, and relatives, and care recording and policy screening, 2) stakeholder consultations about training methods, processes, and content, and 3) co-production meetings to develop the intervention. The training content built on evidence from our previous research.

Results: We present the processes and results of co-developing the OPTIMISED-DEMCARE training intervention for care home staff to improve personal care assistance for people living with dementia. Context mapping uncovered key information for implementation, and outcomes which were important for care home residents, staff and relatives in relation to personal care such as independence, a positive interaction, and dignity. Stakeholder consultations highlighted multiple considerations such as the need for training intervention to incorporate a whole care home approach and methods to support practice change beyond the training. The co-production team utilised the findings from the context

mapping and stakeholder consultations. The co-production process was documented by co-producers.

Conclusion: Mapping care contexts and consultations with stakeholders can produce fundamental information to feed into and support co-production processes when developing a care home intervention. Next steps include an acceptability study for the OPTIMISED-DEMCARE training intervention, refinement of the intervention, and a feasibility trial.

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Care approaches - Psychosocial interventions

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POS13-61 - Ecopsychosocial Interventions in the City

Luisa Bartorelli[1], Maria Immacolata Cozzolino[2], Paolo Marin[2], Concetta Mina[2], Raffaele Conforti[2]
[1]Alzheimer Uniti, [2]Alzheimer Uniti Roma

Increasingly, scientific evidence suggests the effectiveness of psychosocial intervention sin treatments integrated with existing pharmacological therapies for people with dementia.

Alzheimer Uniti Roma, working within informal networks and in line with the official regional PDTA (Diagnostic & Therapeutic Care Pathways) guidelines, offers a range of good practices within the healthcare network for people with dementia and their caregivers:

There are currently nine Alzheimer Café in Rome, but there are plans for one in each of the fifteen municipalities. Although they are social spaces, they are also places for treatment, with cognitive stimulation through the invoking of memories, art therapy, music therapy, and, last but not least, gentle gymnastics.

Monthly museum visits with follow-up meetings create an opportunity for a therapeutic-rehabilitative approach through the enjoyment of works of art appropriately selected and viewed in museums and in temporary exhibitions. Frequenting a public place helps to break down the social stigma of dementia and reduces the isolation that families often feel. The follow-up activities demonstrate a positive effect on the stability and well-being of people.

Alzheimer Uniti also provides:

- Health, psychological, legal consultations.
- Psychological support groups for caregivers (face-to-face and remote) for the implementation of coping strategies in managing the disease.

- Training courses for caregivers and family carers, on a weekly basis, divided into lessons, film screenings and discussions on the management of people's daily lives.

The set of activities described above depends upon the multidisciplinary involvement of the Alzheimer Association, which acts as the fulcrumand meeting point of all those professionals involved in a holistic approach to people with dementia and their families. A central office coordinates all activity and is able to inform, direct and suggest appropriate responses to all needs.

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Care approaches - Psychosocial interventions

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POS13-62 - Co-Creating Enriching Interactions between Professional Caregivers and People with Dementia in Nursing Homes

Elise Cornelis[1], Laurine Peeters[2], Hanne Vankeersbilck[3], Lies Oosterlinck[4], Lieze Premereur[4], Jolien Allart[1]
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Introduction: Daily interactions between professional healthcare caregivers (PHC) and residents with dementia range from simple greetings to deeper one-on-one conversations. These interactions are essential for providing high-quality, person-centered care. However, balancing meaningful engagement with the demands of routine caregiving remains a significant challenge in nursing homes.

Methods: This study applied Human-Centered Design principles and co-creative techniques to develop innovative strategies aimed at improving interactions between PHC and residents with dementia. A multidisciplinary development team, including PHC, nursing home volunteers, family members, and healthcare students, worked collaboratively in the process. The approach involved (1) a guided brainstorming session to generate a wide array of ideas, followed by (2) five dynamic co-creation sessions to transform the most promising ideas into tangible prototypes.

Results: The brainstorming session generated 173 ideas, most of which emphasized the importance of fostering interpersonal connections and building positive, reciprocal relationships grounded in trust, empathy, and mutual respect. Key findings highlighted the need for expertise in providing compassionate care, as well as the importance of effective teamwork and interdisciplinary communication to promote respect and clarity. As a result, a

practical toolbox was developed, containing eight concrete tools designed to facilitate enriching interactions between PHC and residents with dementia in nursing homes.

Conclusions: This study emphasizes the importance of recognizing both PHC and residents with dementia as active, equal participants in daily interactions. The practical tools developed focus on enhancing relationship-centered care, incorporating principles such as patience, respect, unconditional listening, and creatively seeking moments of meaningful and enriching connection.

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Care approaches - Psychosocial interventions

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POS13-63 - Culturally Adapt or Locally Develop? A Cluster Randomized Trial of Cognitive Stimulation Therapy, Six Arts, versus Usual Care in Chinese People with Dementia

Gloria Wong[1], Jacky Choy[2]
[1]*University of Reading,* [2]

Background and Objectives: Psychosocial interventions are complex and subject to sociocultural context influences. We compared, in Chinese people with dementia, an evidence-based intervention culturally adapted for Chinese (Cognitive Stimulation Therapy – Hong Kong, CST-HK), a locally developed multimodal intervention based on Chinese philosophy ("Six Arts"), and community care. The trial spanned pre- and post-pandemic periods; some participants received the interventions after lockdowns, with physical distancing measures in place.

Research Design and Methods: In this single-blinded cluster randomized trial, we allocated 168 people with mild to moderate dementia to group CST-HK, Six Arts, or usual community care for 3 months, and measured cognition and quality of life. We conducted *post-hoc* analyses to explore outcome differences in participants receiving CST-HK before or after the pandemic.

Results: Six Arts and CST-HK improved self-rated quality of life compared with usual care. No cognitive benefits were observed with Six Arts or CST-HK considering the entire study period. *Post-hoc* analyses suggested cognitive benefits of CST-HK delivered before, but not after, the pandemic with physical distancing; compared with participants receiving CST-HK before the pandemic, those receiving it after the pandemic showed greater self-rated quality of life improvements.

Discussion and Implications: Both locally developed and culturally adapted interventions enhanced quality of life. Contrary to our hypotheses, no cognitive benefits were observed with both interventions compared with community care. The unexpected findings on cognition

with CST-HK, an evidence-based intervention, may be due to the influence of physical distancing measures. Periods of lockdown may have influenced quality of life expectations.

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Care approaches - Psychosocial interventions

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POS13-64 - Psychosocial treatments for people living with dementia in day care centres and nursing homes

Alice Paggetti[1], Francesco Sciancalepore[1], Patrizia Lorenzini[1], Emanuela Salvi[2], Francesco Giaquinto[3], Giulia Carnevale[4], Roberta Vaccaro[5], Fabio Matascioli[6], Nicoletta Locuratolo[1], Nicola Vanacore[1], Ilaria Bacigalupo[1]
[1]National Centre for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, [2]National Centre for Drug Research and Evaluation, Italian National Institute of Health, Rome, [3]Department of Experimental Medicine, University of Salento, Lecce, [4]Italian National Institute of Health FONDEM Study Group, Rome, [5]Scientific cultural workshops, Cognitive Therapy Centre (CTC), Como, [6]TAM Onlus, Social Cooperative, Naples

Introduction: As part of the activities of the Alzheimer's and Dementia Fund (2021-2023), the Italian National Institute of Health conducted a national survey of day care centres (DCCs) and nursing homes (NHs) accommodating people with dementia to investigate the organisational and therapeutic characteristics of these facilities. This paper focuses on psychosocial treatments in these settings.

Methods: The list of DCCs and NHs was requested from the regional dementia contact persons. An online questionnaire was submitted to each DCCs and NHs to collect data on location, type, characteristics, organisation, access, user and staff characteristics, services and treatments provided (February-December 2023).

Results: 443 DCCs (40,9%) and 1671 NHs (46,3%) participated. Educators were present in almost half of DCCs (54.7%) and NHs (43.4%). Psychologists (DCCs=31.7%, NHs=21.6%), occupational therapists (DCCs=4.7%, NHs=11.6%), speech therapists (DCCs=4.7%, NHs=8.6%), and psychiatric rehabilitation technicians (DCCs=0.7%, NHs=2.1%) were less common. In DCCs, psychologists (26.4vs.11.1%), and speech therapists were more

prevalent in the North than South/Islands (5.3%vs.0.5%). In NHs, psychologists (68.2%vs.49.5%), occupational therapists (24.7%vs.10.2%) and psychiatric rehabilitation technicians (4.7%vs.2.3%) were more prevalent in the South/Islands than in the North, while speech therapists were more present in the North (20.0%) than in the South/Islands (2.4%). About 80% of DCCs and NHs offered psychosocial interventions, especially cognitive stimulation (DCCs=88%, NHs=89%). Around half of DCCs and NHs also offered cognitive-behavioural therapy, mostly in South/Islands (DCCs=82,9%, NHs=75,3%) than in the North (DCCs=42,3%, NHs=48,8%). Occupational interventions were widespread in NHs (72.4%) but less so in DCCs (44.0%).

Discussion: A great geographical heterogeneity in the availability of personnel and services was observed. Shortage in both facilities of key professional figures became clear. Evidence-based interventions remain limited.

Conclusions. Coordination action is needed to ensure equity in the care of the users of these facilities.

Project carried out with the technical and financial support of the Ministry of Health.

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Care approaches - Psychosocial interventions

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POS13-65 - Experiences with the Creation and Implementation of Innovative Methods of Cognitive Stimulation through an International Project of Slovakia, Czech Republic and Latvia.

Katarina Kiselakova[1], Maria Wirth[1], Angelika Herckova[2], Alexandra Palkovic[3]
[1]Slovak Alzheimer´s Society, [2]ARCUS ŠZ a ZpS, [3]Centrum MEMORY, n.p.o.

The professional contribution focuses on providing information and results from international cooperation in the field of innovation in cognitive training for seniors. The project was implemented through the Erasmus Plus grant program. Four organizations was involved - Centrum MEMORY, npo (SVK), Terapeutika, npo in cooperation with the social services facility Arcus Košice (SVK), KLAS Spokojený senior Brno, npo (CZ), and Rezekne Academy of Technologies from Latvia (LAT). We jointly based the new methods on four pillars: Cognition Comprehensively - Creativity eliminates the stress of performance, influences cognitive functions as a single coherent system, thereby reducing the risk of failure. Creativity and Imagination - Creativity helps in solving everyday situations and also provides space for rest and relaxation. Social Contacts - Being part of a community and experiencing natural social interactions protects against feelings of loneliness. Autonomy and Identity - Space for self-expression motivates initiative and strengthens one's competencies and internal resources.

Our goal was to create innovative, creative methods of memory training focused on multisensory stimulation, without the use of pen and paper. The methods should be suitable for all seniors regardless of their level of cognitive function, meaning both healthy seniors and seniors with cognitive deficits.We were inspired by dance, home environment, drumming sticks, and escape rooms. The methodology is designed that anyone working with seniors can gain inspiration and practical recommendations.

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Care approaches - Psychosocial interventions

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POS13-67 - Implementing a multimodal non-pharmacological intervention for behavioral symptoms in older adults with dementia and delirium in acute geriatric care

Siddhartha Pandit[1], Rui Ribeiro da Costa[2], Marta Robino[2], Ilhan Ameti[2], Christophe Graf[2], Véronique Lachat[2], Jérôme Kizlik[2], Anne-Sophie Pacaud[2], Romain Meynet-Gauthier[2], Delia Antille[2], Lara Fazio[2], Aurélie Hsissou[2], Fanny Benard[2], Aline Mendes[2]
[1]Hôpitaux Universitaires de Genève, [2]

The Cognitive and Behavioral Geriatrics ward is located in the Trois-Chêne Geriatric Hospital, part of the Geneva University Hospitals (HUG). It specializes in the acute care of older adults with delirium superimposed on dementia (DSD) or dementia with behavioral and psychological symptoms (BPSD), associated with one or more acute somatic illnesses requiring hospitalization.

While non-pharmacological interventions for behavioral symptoms are well established in long-term care settings, they remain scarce in the acute somatic care setting. This study aims to implement and evaluate a structured, multimodal, interprofessional intervention targeting behavioral symptoms related to both delirium and dementia, directly integrated into acute geriatric care. This abstract presents the study protocol and intervention details.

The intervention includes: (1) unit-wide staff training on managing behavioral symptoms, including specific modules on de-escalation techniques and severe agitation crisis management; (2) implementation of a structured multi-sensory therapy framework, with staff trained to deliver sessions from the time of patient admission; (3) a novel group therapy model combining cognitive stimulation, physical activity, and social interaction; and (4) structured caregiver involvement, including systematic burden screening, standardized engagement throughout hospitalization, and psychoeducational interventions.

A quasi-experimental design with sequential control and intervention phases will be used within the same unit. Primary outcomes will assess: (1) effectiveness (reduction in BPSD and DSD severity using the Neuropsychiatric Inventory and Pittsburgh Agitation Scale, delirium duration, use of physical restraints and psychotropic medications); (2) implementation fidelity (staff participation, adherence to protocols); and (3) patient-reported experience measures by proxy (Zarit Burden Interview, caregiver satisfaction).

This project pioneers a coordinated, interdisciplinary, non-pharmacological model tailored to the acute care of frail older adults with dementia. Preliminary insights from the preparatory phase will be discussed, highlighting key opportunities and anticipated challenges for successful implementation.

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Care approaches - Psychosocial interventions

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POS13-68 - Addressing lifestyle and environment to improve quality of life in the dementia care triad: a scoping review.

Glenn Proctor[1], Niels Janssen[2], Claire Wolfs[2], Simone de Bruin[3], Marjolein de Vugt[2]
[1]Maastricht University, Alzheimer Centre Limburg, [2]Alzheimer Center Limburg, [3]Hogeschool Windesheim

Background: There are numerous interventions targeting the lifestyle and environment of the dementia care triad: the person with dementia, the informal caregiver and the healthcare professionals. These interventions often aim to improve or maintain the quality of life of members of the care triad. Recent approaches increasingly address the needs of both people living with dementia and their caregivers, recognizing their interconnected well-being. However, existing interventions still often focus narrowly on the individual, without adequately considering the needs of other members of the care triad.

Objectives: This scoping review aims to gain insight into existing knowledge on promoting healthy lifestyles and environmental factors in dementia care, focusing on the dementia care triad. Emphasis will be placed on the effectiveness of proven interventions and their implementation readiness, with the goal of improving or maintaining quality of life for those involved.

Methods: Following Arksey and O'Malley's framework and enhanced by Levac et al.'s guidance, a three-step search strategy identified published studies in PubMed, PsycINFO, Web of Science, Embase, and CINAHL. Studies in English or Dutch are included. Screening and full-text review is conducted independently by two reviewers using Rayyan. Search results will be reported with a PRISMA flow diagram, and data will be synthesized descriptively.

Results: A total of 3193 unique studies were identified. These studies are currently being screened for inclusion based on predefined criteria. Final results will be presented on the conference.

Conclusion: This scoping review will provide valuable insights into the landscape of lifestyle and environmental interventions for the dementia care triad. Addressing gaps in implementation readiness will be key to developing effective, scalable interventions. These findings will inform future research and guide the development of integrated care strategies for dementia that includes all members of the care triad.

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Care approaches - Psychosocial interventions

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POS13-70 - Music4theMind: A Feasibility Trial of Individualised Music Therapy for Managing Needs and Symptoms of Care Home Residents with Dementia to Improve Care Quality'

Kiera Kenny[1], Helen Odell-Miller[1], Russell Kabir[2], Ming-Hung Hsu[1]
[1]Cambridge Institute for Music Therapy Research, Anglia Ruskin University, [2]Faculty of Health, Medicine and Social Care, Anglia Ruskin University

Background: Most people living with dementia in residential care spend the rest of their lives in care homes. Therefore, the need for high-quality care provision is vital. Most music therapy interventions focus solely on symptom management.

Aim/Research question: Music4theMind aimed to explore how individualised music therapy could address both needs and symptoms of care home residents living with dementia to improve care quality in UK care homes.

Methods: We conducted three studies to explore how music therapy may support care quality:
1. A systematic review with convergent synthesis to understand care quality components and how they are measured.
2. A qualitative study using semi-structured interviews with 14 care home staff to identify barriers and facilitators to care quality.
3. Music4theMind, a non-randomised feasibility trial in 12 care homes, used the above studies' findings to refine an individualised music therapy intervention. Feasibility was assessed through recruitment, retention, and survey completeness. Preliminary effects on needs, neuropsychiatric symptoms, cognition, quality of life, and carer burnout were analysed with a pre/post-test design.

Results:
1. Systematic review: Quantitative measures focused on medication, nutrition, and physical restraint, while qualitative descriptions emphasised care expectations.

2. Qualitative study: Staff identified neuropsychiatric symptoms and time constraints as major barriers to care quality.
3. Music4theMind: 36 residents and 32 staff participated. The intervention was feasible with high recruitment and good retention, considering COVID-19's impact on care homes. Staff reported clinical, social, and educational benefits.

Discussion: This individualised music therapy intervention shows mixed findings in addressing needs and symptoms. Staff reported benefits of music therapy, but the statistical evidence warrants further investigation. The study emphasises the need for person-centred intervention in residential dementia care. While feasible, larger trials are required to confirm efficacy and address staff time constraints.

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Care approaches - Psychosocial interventions

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POS13-71 - Person centred care when the person with dementia shows little awareness of difficulties: how can challenges be managed?

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Background: Dementia care should be tailored to the needs of the individual. Some people with dementia do not acknowledge their difficulties or can appear unaware of their condition. This can lead to tension at home, safety concerns, and difficulties in clinical communication, making it difficult to provide appropriate support. Little is known about how to manage care challenges in situations arising from low awareness.

Methods: A rapid review was conducted to search published research and guidelines for evidence of existing interventions. Following this, stakeholders were consulted through small group meetings and an online survey to explore the scope of the challenges and find out about any strategies that had been helpful.

Results: The review found a lack for evidence for suitable interventions, with limited efficacy and utility of existing interventions. Consulting with informal carers, professional carers and clinicians showed that problems arising from lack of awareness in people with dementia can be varied and extensive. In everyday care, unique solutions are employed to address the wide variety of problems that can arise. For example, negotiating different approaches for travel arrangements to avoid disagreements about perceived driving safety.

Conclusions: This research indicates a gap in evidence for supportive interventions for managing situations due to low awareness, alongside a recognition of the extent of the problem and the importance of bespoke solutions. Further work will review and explore strategies that could be shared through dementia care services and carer support programs.

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Care approaches - Psychosocial interventions

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POS13-72 - Cognitive training for individuals with Mild or Subjective Cognitive Impairment: A comparison between two intervention protocols

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Introduction: This study aims to compare the effectiveness of two cognitive training protocols for individuals with Mild Neurocognitive Disorder (mNCD) or Subjective Cognitive Decline (SCD), aimed at enhancing residual cognitive functions and preventing functional decline.

Method: Two participant groups were involved, matched at baseline (age p=0.07, gender p=0.24, education p=0.39, MMSE p=0.87, and neuropsychological profile – all p-values > 0.05).

- **Group C (N=9):** Participated in a combined Training Group (strategy-based, metacognitive, and working memory enhancement), administred in 6 bi-weekly sessions.
- **Group A (N=12):** Underwent the same group protocol, preceded by 10 weekly, adaptive, individual Process-based sessions aimed at enhancing WM and executive-attentional functions (EF).

Pre- and post-intervention assessments included the Rey Auditory Verbal Learning Test (RAVLT; Ricci, et al., 2022) and the Prospective and Retrospective Memory Questionnaire (PRMQ). Statistical analysis was performed using Stata 18 Program (Chi-squared test, T-test, and Wilcoxon rank-sum test).

Results:

- **Group C:** Showed significant improvements in immediate recall (T0: M=40.22; T1: M=50.11; p=0.0028) and 15-minute delayed recall (T0: M=8.67; T1: M=10.78; p=0.0162). No significant differences were found in recognition (p=0.85) or PRMQ (p=0.6239). Data for 1-week delayed recall were insufficient.
- **Group A:** Showed significant improvements in immediate recall (T0: M=43.08, SD=9.77; T1: M=48.58, SD=10.23; p=0.045), 15-minute delayed recall (T0: M=8.58, SD=2.43; T1: M=10.83, SD=2.86; p=0.0158), recognition (p=0.0045), 1-week recall (p=0.006), and PRMQ (p=0.0448).
- The comparison between the two training protocols did not reveal significant post-intervention differences (e.g., delayed recall p=0.96).

Conclusions: Both protocols were effective in improving memory abilities. However, the integrated protocol (Group A) demonstrated greater effect size and generalization, suggesting a potential protective role against Accelerated Long-Term Forgetting (ALF)(Fitzgerald, et al., 2013). Further studies with larger samples, control groups, and follow-up assessments are warranted to confirm and/or extend these findings.

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Care approaches - Psychosocial interventions

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POS13-73 - Exploring the desirability of developing digital interventions to support the wellbeing of people living with dementia

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[1]University of Exeter, [2]Worcester University, [3]University of East Anglia

Background: Digital methods of supporting people living with dementia to live well are effective for improving quality of life. Many of these focus on reminiscence, cognitive stimulation, improving independence, safety, or education; or they focus on supporting carers. However, uptake is variable due to the purpose of the intervention not being a priority, or because the technology is challenging. This study aims to understand people living with dementia's needs and priorities for developing an online-hybrid psychosocial to identify whether and why it is desired.

Method: Thirteen people living with dementia and five spouses across the UK took part in semi-structured interviews, where they explored and discussed an online-hybrid carer intervention (CARECOACH) aimed at improving carer quality of life. Interviews were transcribed and analysed using a framework to develop preliminary themes regarding whether and why developing an online-hybrid intervention for people living with dementia is desirable. Five people living with dementia and one spouse were re-interviewed exploring the themes to refine and develop the findings to ensure people living with dementia's voices were well represented.

Results: Six themes were developed which outline whether and why developing an online-hybrid intervention is desirable to people living with dementia: 1). Understanding the current situation, 2). Appropriateness of adapting CARECOACH, 3). Motivations and understanding priorities, 4). Impact of personal factors on engagement, 5). Incorporation into lifestyle, and 6). Supporting engagement.

Conclusion: People living with dementia are enthusiastic about the prospect of creating an online hybrid to support their wellbeing post-diagnosis, because current psychosocial support is lacking. They have innovative ideas about appropriate content for the

intervention, how it can be implemented, and why it would be beneficial. Therefore, co-developing the online-hybrid intervention with people living with dementia to support their wellbeing should be a priority going forward.

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Care approaches - Nature and animal programmes

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POS13-74 - Nature based dementia care: good practice principles

Anthea Innes[1], Vanina Dal Bello-Haas[1], Constance Dupuis[1], Anthea Innes[2], Anthea Innes[3], Mason McLeod[1], Yvonne LeBlanc[1], David Marcuzzi[1]
[1]McMaster University, [2]University of the Highlands and Islands (UHI), [3]University of the Highlands and Islands

Aim: This paper will share for the first time a good practice guide from a one-year co-designed (with people living with dementia and their care partners) nature-based project in Ontario funded by a Foundation Grant from the Canadian Alzheimer Society. We will discuss the process we used to develop the guide with the intent of enabling others to adapt and create nature-based groups for people living with dementia in the community.

Methods: based on our thematic analysis of data collected as part of a one-year project comprising 9 nature-based sessions conducted between April and December 2024 where be collected ethnographic style fieldnotes, participants (n=21) self-complete mood questionnaires and pre and post interviews we developed a good practice guide. This guide was shared with all participants and other interested community stakeholders at a one-day dissemination event in March 2025. The guide was then refined to reflect the suggestions and comments of participants at this event.

Findings: We shall share the guide content reflecting the key points to consider in relation to the set up and facilitation of outdoor/nature-based groups for people living with dementia in the community.

Conclusion: The value of involving individuals with lived experience at all stages of the process, leading to the good practice guide we shall make available during our presentation, demonstrates the immense value of co-design work to produce a practical output with the potential for others to use to develop similar groups. The insights gained through the co-design and co-production process not only contribute to the evidence base about applying participatory approaches with people living with dementia but to producing a

user-friendly guide with the potential to develop nature-based approaches with others living with dementia.

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Care approaches - Nature and animal programmes

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POS13-75 - Improving access to nature for people with dementia living at home: co-creating a Nature Inspiration Guide

Simone Bruin de, Geraldine Visser, Femke Slegten
Windesheim University of Applied Sciences

Background: Nature has been shown to enhance the well-being of people with dementia. However, most existing research focuses on institutional care settings. This study explores the potential of nature in supporting people with dementia who live at home, giving voice to their experiences, and identifying the role and competencies professional caregivers need to facilitate access to nature.

Methods: Using a qualitative double diamond design, we collaborated with a social care organization and engaged nine people with dementia in walking interviews and focus groups using nature-themed photo-cards, and the photovoice approach. We also conducted interviews with two informal and three professional caregivers and organized a creative co-design session with four people with dementia to develop a *Nature Inspiration Guide*. Additional feedback was gathered from two informal and professional caregivers.

Results: Participants with dementia described nature as essential to living well with dementia - offering peace, freedom, exercise, connection, and joy. However, they face various barriers such as dependence on others, mobility issues, adverse weather, and fear of getting lost. Informal caregivers reported challenges such as lack of initiative, time constraints and safety concerns. Professional caregivers mentioned staffing limitations, logistical challenges, and lack of knowledge and skills. The *Nature Inspiration Guide* responds to these challenges by offering accessible, practical suggestions for integrating nature into the everyday lives of people with dementia living at home.

Conclusions: While nature holds meaningful benefits for people with dementia at home, both personal and systemic barriers hinder access. The co-created *Nature Inspiration Guide* is designed to empower people with dementia and their caregivers to more regularly integrate nature into daily life. An accompanying eLearning module is currently

being developed to support future care professionals. Further research is needed to explore community-based strategies for improving access to nature for people living with dementia.

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Care approaches - Nature and animal programmes

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POS13-76 - Understanding how people living with mild cognitive impairment or dementia conceptualise and experience space and the universe, or 'dark nature': a mixed-methods survey

Harmony Jiang[1], Paul McCrone[1], Catherine Carr[2], Charlotte Stoner[1]
[1]University of Greenwich, [2]Queen Mary University of London

Background: Contemplating space and the universe or taking part in 'dark nature-based' activities, such as stargazing or attending space talks, can increase wellbeing through mechanisms such as increasing feelings of awe or wonderment. However, this has not been explored for people living with mild cognitive impairment or dementia in previous published research.

Method: 53 participants (56-90 years old, 39.6% female) with a self-reported diagnosis of mild cognitive impairment or dementia completed a one-off remote mixed-methods survey asking about their demographics, and understanding, views and experiences of space or 'dark nature', and dark nature-based activities. Data was analysed using thematic analysis and descriptive statistics.

Results: Participants described space through physical and psychological/emotional aspects. Thinking about space and our place in the universe elicited feelings of awe for some participants. Some participants were also concerned about the conservation of space. Though some participants described space as being mysterious and not fully knowing 'what is up there', which were linked to feelings of anxiety or frustration, others expressed excitement or contentment. Fifty-eight percent of the participants said they would go stargazing now and 60.4% said they would attend a talk on space. Barriers for participating in dark nature-based activities included adverse weather, travel and lack of knowledge or information about dark nature-based activities. Facilitators for dark nature-based activities included an accessible location, option to join remotely and low cost.

Conclusion: This study contributes novel insights into how people living with mild cognitive impairment or dementia conceptualises and experiences space and the universe, or 'dark

nature'. It suggests potential mechanisms of action for the positive effects of contemplating space or carrying out dark nature-based activities, and barriers and facilitators to these activities. This could help future researchers develop dark nature-based interventions tailored for this population.

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Care approaches - Nature and animal programmes

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POS13-77 - Implementing our nature-based intervention for people living with dementia: views from care home staff and third sector organisation representatives

Harmony Jiang[1], Paul McCrone[1], Catherine Carr[2], Charlotte Stoner[1]
[1]University of Greenwich, [2]Queen Mary University of London

Background: We co-developed a nature-based intervention comprising a booklet of 8 sessions of indoor/outdoor nature-based activities for people living with dementia. We are currently running a pilot study of the intervention to see how it runs in the NHS. In addition, we also sought to get the views of care home staff and third sector organisation representatives to see if the intervention could be implemented within their settings.

Method: 10 participants (8 third sector organisation representatives, 2 care home staff; 80% female, age range 26-60) took part in a 1:1 online interview with a researcher. Participants reviewed the intervention manual before the interview. Questions asked included demographics, what their job role was, their views on the intervention and barriers and facilitators of implementing the intervention into their service.

Results: Preliminary results show that participants thought the intervention was well structured with a good range of nature-based activities. Some suggestions for improvements to individual sessions were made, such as including more detailed instructions for the nature arts and crafts session. Third sector organisations thought the intervention could be useful as a resource that their clients take home and use, extending their interactions and connection with nature. Care home staff thought the intervention could be useful particularly for care homes who might not participate so much in nature-based activities currently. Participants also thought the intervention could be effective in hospital settings, where access to nature is often minimal. Barriers to implementation included staffing, having an appropriate and ‘safe’ outdoor space and having motivated facilitators.

Conclusion: Care homes and third sector organisations provided useful suggestions for improvement and barriers to implementing our nature-based intervention into their settings. Interviews are ongoing and we hope to present further findings and potential strategies to overcome barriers at the conference.

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Care approaches - Nature and animal programmes

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POS13-78 - Experiences and perceptions of animal assisted intervention for people living with dementia in community care settings in Ireland

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[1]University of Galway, [2]School of Nursing and Midwifery, University of Galway, Ireland, [3]College of Medicine and Health, [4]School of Nursing and Midwifery, University of Galway

Background: Animal assisted intervention (AAI) is a type of non-pharmacological therapy and psychosocial intervention, which has positive impacts on mood, behaviours, physical and social functions for people with dementia. It has been widely used and implemented in hospitals, care centres, and residential facilities for many populations. In Ireland, current health and social policy provides support and services for people with dementia in community care settings, but there is a lack of clarity around the use of AAI. To promote its application and development in Ireland, further research is needed to explore the practical experiences, and to identify factors that influence its implementation in Irish context.

Methods: This qualitative study is the second phase of a larger project, and was informed by our previous qualitative evidence synthesis (Zhang et al., 2024). Semi-structured interviews, with photo elicitation where appropriate, were conducted with 9 people with dementia, 11 care partners, and 16 health and social care practitioners from 8 settings across Ireland. Data were analysed using a framework approach, and then mapped to the Consolidated Framework for Implementation Research (CFIR) framework. Two Patient and Public Involvement (PPI) contributors and four advisory group members supported this research, and ongoing reflexivity was conducted to ensure thoughtful methodological decisions.

Findings: The provisional findings describe a vivid picture of diverse approaches to AAI in Ireland, such as regular animal visits, raising residential pets, or travelling to pet farms, and all participants reported very positive benefits of engaging in AAI. Key findings include the motivation towards AAI, availability and accessibility of resources, and tailoring strategies to facilitate engagement. The factors that impact on AAI implementation were mapped against

the five domains of CFIR framework, which will inform the development of implementation strategies for future research.

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Care approaches - Nature and animal programmes

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POS13-79 - Engagement with Outdoor Nature and Its Impact on Quality of Life in People with Dementia: A Scoping Review

Lorna Smith[1], Nicolas Farina[2]
[1]University of Plymouth, [2]

Dementia presents progressive challenges to cognition, function, and well-being, prompting increased interest in supportive strategies that enhance quality of life (QoL). Non-pharmacological approaches are gaining recognition for their role in promoting well-being and holistic care. Among these, engagement with outdoor nature is emerging as a promising means to support QoL in people living with dementia. This scoping review, conducted as part of a doctoral research project, aimed to map the existing empirical literature on associations between engagement with outdoor nature and QoL for people with dementia, and to identify gaps in knowledge.

Following a systematic search of five major databases and additional sources, 17 full-text studies were included for final analysis. Studies varied widely in design, methodology, and context, encompassing both qualitative and quantitative approaches. The concept of “nature engagement” was interpreted broadly, including passive experiences (e.g., sitting in a garden) and active participation (e.g., gardening, walking outdoors). While many studies were linked to structured interventions or services, a notable gap existed in research examining informal or spontaneous engagement with nature.

Findings suggest a generally positive association between nature engagement and QoL-related outcomes such as well-being, social connection, and sense of identity. However, only a subset of studies employed validated QoL measures or explicitly defined nature-related concepts. Heterogeneity in study populations, settings, and outcome measures limits generalisability, but common themes across studies underscore the potential value of outdoor environments in dementia care.

This review highlights the need for more theoretically grounded and methodologically rigorous research, especially in everyday, non-intervention contexts. Future work should

clarify conceptual frameworks of “nature” and “engagement” and prioritise inclusive designs capturing diverse lived experiences. These insights are essential for guiding practice, informing policy, and supporting carers in promoting QoL through meaningful connections with the natural world.

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Care approaches - Apathy, agitation and aggression

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POS13-100 - Managing behavioral and psychological symptoms to improve living at home in people with dementia: The "Continuamente" experimental project.

Christian Pozzi[1], Andrea Staglianò[2], Laura Antolini[3], Stefano Cavalli[1], Laura Gitlin[4], Giuseppe Bellelli[3]
[1]University of Applied Sciences and Arts of Southern Switzerland, [2]IRCCS San Gerardo dei Tintori, [3]University of Milano - Bicocca, [4]Drexel University

Background: Non-pharmacological approaches are first-line treatments for the behavioral and psychological symptoms of dementia (BPSD) in persons living with dementia (PLwD).

Aim: To assess the feasibility of an interdisciplinary intervention based on the Tailored Activity Program (TAP) for PLwD with BPSD and their caregivers, conducted in both hospital and community settings.

Methods: A single-arm study involving PLwD-caregiver dyads. Inclusion criteria required mild to moderate BPSD, sufficient ADL autonomy, and a reliable unpaid caregiver. Participants underwent baseline assessments, including demographics, Clinical Frailty Scale (CFS), Katz Index, Timed-Up-and-Go (TUG) test, medication count, and Neuropsychiatric Inventory (NPI) for BPSD severity and caregiver distress. Caregiver competence was assessed via the Self-Competence Questionnaire (SCQ). Each dyad participated in eight TAP sessions, and follow-up occurred at four months.

Results: Fifty dyads were recruited (PLwD median age: 81 years). The median CFS score was 6, with 46% taking >7 medications and 78% receiving ≥12 hours of daily care. Median Katz Index: 4; TUG: 15.5 seconds. All PLwD exhibited BPSD (median NPI: 42.5), and caregivers reported significant distress (median NPI stress: 21.0). The median SCQ score was 52.0. The dropout rate was 16%.

At follow-up, BPSD significantly decreased (median NPI: 42.5 to 20.5, p<0.0001), as did caregiver distress (median NPI stress: 21.0 to 14.0, p<0.0001). Caregiver competence improved (median SCQ: 52.0 to 65.0, p<0.0001).

Conclusions: The "Continu-A-Mente" project demonstrated feasibility, potentially enhancing hospital-community communication and significantly reducing BPSD.

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Care approaches - Apathy, agitation and aggression

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POS13-101 - The effectiveness of structured physical activity on agitation in people with dementia: a rapid review

Aileen McCartney[1], Jamie Crosswell[2], Snorri Rafnsson[2], Juanita Hoe[2]
[1]Whitstable Medical Practice, [2]

Objectives: Managing agitation and other behaviours that challenge is a significant dementia care challenge. The priority is to find effective non-pharmacological interventions as drug treatments can have significant side effects. This review evaluates the effectiveness of structured physical activity on agitation in dementia.

Methods: Our rapid review searched four electronic databases, Cochrane CENTRAL, MEDLINE, CINAHL and Embase, for interventional studies using a structured physical activity programme in people with dementia and studied the effect of this activity on behaviours that challenge. Study quality was assessed using CASP criteria and data was narratively synthesised.

Results: We included 13 studies in this review (four rated as high quality), involving a total of 1546 participants. Results were analysed according to exercise type, frequency and intensity of the intervention. Exercise is effective in reducing agitation and studies with higher adherence to exercise demonstrated more positive effects on agitation and behaviours that challenge.

Conclusions: Physical activity can be effective in reducing agitation in older adults with dementia. Further research is needed to clarify the type of intervention that is most beneficial. Strategies to make physical activity more acceptable and available to people with dementia need to be established.

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Care approaches - Apathy, agitation and aggression

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POS13-102 - Understanding neuropsychiatric sypmtoms through the lens of childhood trauma, adverse childhood experiences, and childhood attachment..

Tiffeny James[1], Charlotte Stoner[1], Ruby Lyons[2]
[1]University of Greenwich, [2]

Background: Most people living with dementia (~90%) will, at some point, experience neuropsychiatric symptoms including agitation, aggression, or anxiety. Emerging evidence suggests that some neuropsychiatric symptoms are related to earlier psychological trauma. Whilst existing research focuses on diagnosed trauma disorders and trauma related to war, childhood experiences are rarely considered. We aimed to explore what is known about the association of adverse childhood experiences (ACEs) on neuropsychiatric symptoms in dementia.

Methods: We conducted a scoping review with a systematic search of four scientific databases. We included studies exploring the link between neuropsychiatric symptoms and any of the 10 ACEs set out by Felliti et al (1998). These include physical, sexual, and emotional abuse; physical and emotional neglect; and household dysfunction (e.g. separation from parents). We also included insecure attachment style as a proxy for ACEs.

Results: Only five papers were eligible for inclusion. One paper described one relevant case of a person living with dementia whose neuropsychiatric symptoms were perceived by healthcare staff as being linked to his ACE (parental separation). Four studies focussed on attachment style. Of these, findings were mixed with two studies showing a significant association between insecure attachment style and neuropsychiatric symptoms and two showing no significant association.

Discussion: There is a huge gap in the evidence base around ACEs and neuropsychiatric symptoms. Methodological limitations and differences in sample characteristics across existing attachment studies mean it is difficult to draw conclusions. We explore the relevance of adverse childhood experiences for dementia care and make recommendations

for future research to address current methodological limitations and improve care for people living with dementia.

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Care approaches - Apathy, agitation and aggression

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POS13-103 - The role of psychosocial factors in the progression of neuropsychiatric symptoms in people with dementia

Lina Charlotte Jeran[1], Francisca S. Rodriguez[1], Bernhard Michalowsky[1], Moritz Platen[1], Stefan Teipel[2], Wolfgang Hoffmann[3], Jochen René Thyrian[3], Iris Blotenberg[1]
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Background: Neuropsychiatric symptoms (NPS), such as depression, anxiety and disinhibition often occur in people with dementia (PwD). Dealing with NPS can be challenging for PwD and their caregivers. Thus, it is important to investigate modifiable risk factors for the progression of NPS to provide targeted prevention/ intervention programs. This study examined the effects of lifestyle factors (drinking, smoking, physical activity), social support and the relationship quality between caregivers and PwD on NPS – beyond known sociodemographic and clinical factors.

Methods: We analyzed data from 179 dyads of PwD (Mage = 80, 61.5% female) and their caregivers (Mage = 64.5, 70.9% female) in Germany. Dyads were interviewed annually by specially qualified nurses over four years. NPS were measured with the Neuropsychiatric Inventory (NPI) and lifestyle factors via custom multiple-choice questions. Social support was assessed with the Questionnaire for the Assessment of Social Support (FSozU). Caregivers were asked to rate their perceived loss of the relationship with the PwD using

the Berlin Inventory of Caregiver Burden (BIZA-D). We employed a zero-inflated multi-level growth curve model with random intercepts and slopes for lognormal distributed data. We further separately investigated the effects of within- and between-person differences of the chosen continuous variables on NPS.

Results: The perceived loss of the relationship (within- and between-person differences) and lack of social support (between-person differences) were significant predictors of NPS trajectories. Moreover, physical inactivity and smoking were significantly associated with the progression of NPS. These effects remained significant even after controlling for sociodemographic factors, as well as cognitive and functional status.

Conclusion: For the first time, it was shown that psychosocial variables play an important role in the long-term progression of NPS in PwD. This understanding could inform strategies to reduce neuropsychiatric symptoms in PwD, for example by strengthening the social environment and improving support mechanisms for caregivers.

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Care approaches - Apathy, agitation and aggression

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POS13-104 - Identifying instruments for measuring agitation and other non-cognitive symptoms in people with advanced dementia in residential settings: a scoping review

Mary Faherty[1], Lauren O'Mahony[2], Nicola Cornally[2], Noeleen Brady[2], Caroline Dalton O'Connor[2], Siobhán Fox[2], Irene Hartigan[2], Brenda van den Broek[2], Jenny T. van der Steen[2], Suzanne Timmons[2]
[1]University College Cork, [2]

Background: Various instruments exist for assessing agitation and broader non-cognitive symptoms in dementia (NCSD), which are common symptoms in dementia that adversely affect quality of life. However, the feasibility and practicality of utilising these instruments in residential settings with people with advanced dementia has not been evaluated.

Aim: To identify the available evidence regarding tools for measuring i) agitation as a single symptom, and ii) NCSD in people with advanced dementia in residential settings, in terms of use and usefulness in this population.

Methods: Scoping review, with searches carried out in Medline, Embase, CINAHL, PsycInfo, Scopus, Cochrane Database of Systematic Reviews and Cochrane Central Register of Controlled Trials. Grey literature sources included Google Scholar, Google and TRIP. A three-stage screening process was adopted, which included pilot testing of source selectors. Two reviewers independently performed title and abstract screening initially, and then independent full text screening, against the defined eligibility criteria.

Results: The search performed in October 2024 identified 3,637 unique citations, with 23 interventional and observational studies included for data extraction, as these had specific data on an advanced dementia cohort. 12 studies included the Cohen-Mansfield Agitation Index and 12 included versions of the Neuropsychiatric Inventory (NPI). Agitation and apathy were common symptoms, while psychosis was rare. Missing data was uncommon except for

sleep data. However, information on validity, accuracy, administration time and responsiveness to change were seldom reported. The scores considered to represent clinically significant symptoms varied between studies for both tools, as did the clustering of symptom domains for NPI data.

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Care approaches - Apathy, agitation and aggression

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POS13-105 - When the team wins over the symptoms of Alzheimer's disease. A clinical case

Alberto Ranzenigo[1], Ilaria Shermadhi[2], Chiara Bonora[2], Elena Bortolomiol[3]
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Fatigue, anger and fear experienced by family members and inadeguately trained porfessional caregivers often escalate symptoms into a crisis, where patients risk disappearing in the ongoing battle against the disease. We present a case in wihch the commitment of a team of professionals and the alliance with the patient's family enabled a person-centered approach that went beyond symptom management.

MRS BM, 77 years old, suffering from Alzheimer's disease, enters the Altheimer's Unit of the Nursing Home L. Feroldi in Brescia in August 2024. She exhibits agitation with daytime and nighttime busyness, irritability, verbal and physical aggression. In the past, she was treated with haloperidol, risperidone, promazine and trazodone, subsequently discontinued due to a paradoxical effect. Upon admission, she was taking quetiapine 200 mg/day and lorazepam 5 mg/day, with physical restraint applied. The initial evaluation highlighted: Mini Mental State (MMS) = 0/30, Neuro Psychiatric Inventory (NPI) = 55/144, Cohen-Mansfield Agitation Inventory (CMAI) =94/203, Barthel Index (BI) = 0/100, Tinetti Scale = 3/28. Aggression towards staff and other guests destabilized life in the Unit.

According to the "Gentlecare" indications, we introduced "non-human caregivers / mediators " and removed physical restraints. We understood the reasons for her anger towards closed doors and distrust towards others. Learning that she used the work night shifts convinced the staff not to insist on nighttime rest. We responded to her need for safety by creating an ad hoc soft corner in her room. After suspending therapies, visual hallucinations appeared. We administered brexpiprazole 2 mg/day. Aggression rapidly decreased. Hallucinations disappeared. At the evaluation six months after admission, the

results were as follows: MMS = 0/30, CMAI = 36/203, Tinetti = 17/28. After more than a year, the patient was able to return home for a day with her husband and children.

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Care approaches - Apathy, agitation and aggression

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POS13-106 - Neuropedagogical approaches counter challenging behavior in people with dementia

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University of College of Northern Denmark

Background: In Denmark over 10% of people with dementia exhibit challenging behaviors such as apathy, agitation and aggression particularly in nursing homes settings. These behaviors often arise during the transition from home to institutional care. From a neuropedagogical approaches behavior is intentional, and request understanding from staff to respond professionally. Transition from home to a nursing home can be a critical life event for people with dementia and requires staff to know about the person's life and history

Method: This study employed Design-Based Research (DBR), a methodology that integrates practical problem-solving with theoretical development. DBR emphasizes iterative cycles of design, implementation, analysis, and refinement, involving practitioners as co-designers. In this context, DBR facilitated the development of interventions tailored to the specific needs of people with dementia and staff.

Results: Findings suggest that systematic use of life story work—where staff actively engage with the personal histories of people with dementia—combined with staff training based on neuropedagogical principles, contributes to a significant reduction in challenging behaviors among nursing home residents. Staff reported a deeper understanding of residents' emotional and psychological needs, which enhanced their ability to respond empathetically and appropriately. This person-centered approach led to improved interactions and overall well-being for residents with dementia.

Conclusion: Integrating life story work within neuropedagogical frameworks offers a promising approach to managing challenging behaviors in dementia care. This strategy not only addresses behavioral symptoms but also fosters a deeper connection between residents and caregivers. To succeed , a coordinated interdisciplinary and cross-sectoral effort is essential, advocating for earlier intervention and comprehensive support within the

healthcare system. Further research is needed to explore the scalability and long-term impacts of these interventions.

Keywords: Dementia, challenging behaviors, neuropedagogy, life story work, nursing homes, Design-Based Research

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Care approaches - Apathy, agitation and aggression

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POS13-107 - Assessment of Nighttime Agitation in People with Dementia Using Passive Sensing: A dyadic N-of-1 observational design study

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Background: Nighttime agitation (NA), such as restlessness and wandering, is a behavioural and psychological symptom of dementia and can significantly affects the quality of life, caregiver burden, and the likelihood of institutionalisation. Traditionally, NA is measured by subjective caregiver reports, which can be inaccurate; sensor technologies now offer a novel, passive assessment method to capture NA. The aim of this study is to explore real-life patterns of NA in home-based people with dementia using bed sensors.

Method: The patterns of NA was determined at the individual level, using N-of-1 observational methodology and complementing objective (i.e., sensory) with subjective (i.e., caregiver reports) data. Specifically, EMFIT bed sensors and daily diaries of nighttime events (i.e., frequency and nature of nighttime awakenings) were used over 14 days to assess NA in N=6 dyads of informal caregivers (all partners) and home-based people with dementia. We computed intraindividual means across repeated measures of nightly sleep parameters (tossing & turning, and in-bed activity) and calculated within-person coefficient

of variance. Caregiver's data was used for the comparison with objective measures, using a correlation coefficient.

Results: Caregiver's diaries revealed that nights were disturbed by on average two awakenings by their partner experiencing a disoriented and confused state, wandering behaviour, aggressive episodes, and hallucinations. Caregiver's reports showed high night-to-night variability in agitation and quality of sleep within individuals. Data from bed sensors provided more fine-grained information about the nights and was in some cases distinct from the subjective reports.

Conclusion: Our study employs an innovative approach by measuring nighttime agitation using sensor technologies and comparing this data to subjective reports from informal caregivers, which can differ from objective measurements. As nighttime agitation manifests in various ways, the importance of identifying individual patterns remains one of the important steps before developing interventions for nighttime agitation.

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Care approaches - Apathy, agitation and aggression

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POS13-108 - People living with dementia and very severe challenging behavior: what characterizes them?

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Introduction: People living with dementia frequently develop challenging behavior. In several cases this becomes very severe, leading to caregiver distress. Characterizing the group of people living with dementia and very severe challenging behavior is needed to optimize uniformity in research and provide a clear target group for clinical guidelines and access to specialized care

Objectives: Characterizing the group of people living with dementia and very severe challenging behavior

Methods: A mixed-methods study was performed in April 2021-October 2022. Nine international experts in nursing sciences, geriatric care and neurology with ample practical experience with dementia and very severe challenging behavior took part in semi-structured interviews. Next, 122 Dutch physicians, behavioral experts, nursing staff and paramedics completed a web-based survey. Hereafter, an online sounding board group meeting was held during a network meeting of the Dutch Expert Network for extreme behavioral and psychological symptoms of dementia (n=55). Moreover, Dutch experts with practical and theoretical expertise participated in two online consensus meetings. Finally, the client panel of the University Knowledge network for Older adult care Nijmegen gave comments.

Results: Interviewees mentioned 22 elements referring to characteristics of clients (e.g. co-occurrence of psychiatric symptoms) and their behavior (e.g. unmanageability, leading to danger). Survey respondents considered 18 of these

elements relevant. Participants of the consensus meetings added context as a characterizing element as it influences the causes, severity and consequences of behavior.

Conclusion: Based on the results, a characterization for the group of people living with dementia and very severe challenging behavior was formulated including client, behavioral and environmental characteristics. This is a first step towards an internationally supported characterization. As a next step, an international survey and consensus trajectory are advisable.

This study was funded by the Dutch Expert Network for extreme behavioral and psychosocial symptoms of dementia led by Barbara Wijnand.

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Care approaches - Art interventions

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POS13-80 - Improved Connection, Emotional Expression, and Engagement in Nursing Home Residents with Dementia through Musical Improvisation.

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.

Research question: How does active music-making in a group using improvisation affect residents with dementia in different care institutions in terms of social interactions, emotional well-being and participation?

Method: Multimodal data collection: sociodemographic data, MMSE, qualitative content analysis of diaries of musicians and care home staff members as well as behavioural observations of people with dementia during the music sessions (video recordings, quantitative evaluations).

The Music in Dementia Assessment Scale was used to observe and analyse the interest, perception of the environment, initiative, involvement, and enjoyment of a total of 24 residents in three sessions each (N=72).

Sample: Sample of participants from three “Music Circles” cycles in three different care homes in Switzerland: n=24, average age=86.6 years (range: 75-98), 79.2% women, 20.8% men. MMSE: 9.3 (range: 0-20).

Results: The “Music Circles” intervention had positive effects on residents in all participating care institutions. Music facilitated social interaction despite limited verbal communication and temporarily improved well-being. Residents became more aware of others, increasing eye contact, spontaneous physical interactions, and participation in

shared activities. Sessions evoked joy and relaxation, with effects sometimes lasting beyond the sessions, reducing fear and irritability. Residents showed heightened attentiveness and actively engaged by clapping, moving to music, playing instruments, or improvising melodies. Relationships with musicians and staff were strengthened. Overall, music enhanced connection, emotional expression, and engagement among people with dementia.

Discussion: These findings expand on prior research, highlighting how musical improvisation enables measurement of emotional well-being in people with dementia. Increased social interactions and significantly higher activity levels underscore the effectiveness of this innovative intervention for improving quality of life in this population.

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POS13-81 - Effects of a music-based non-pharmacological intervention on older adults with mild to moderate dementia: results from the international "SOUND" study

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Background: With the progressive population aging, dementia is reaching epidemic dimensions worldwide. Non-pharmacological music-based interventions can have a positive impact on cognition and behavioral symptoms of older adults with dementia (OAD), but the effect on well-being is still under-covered. This study aims at shedding light on the effects of the SOUND person-centred music-based intervention on well-being, cognition, mood of OAD with mild-moderate dementia in Italy, Portugal and Romania.

Methods: SOUND is a quasi-experimental research study embedding an original music intervention based on active and passive music activities made in circle. It was tested with 41older adults with mild to moderate dementia for 12 sessions carried out in six weeks. Data on well-being, cognition and mood of participants were collected before (T0), immediately (T1) and two weeks after the end of the intervention (T2) through psychometric tools. Live observations were also taken during every session and the Apparent Affect Rating Scale-AARS (Lawton et al., 1999) was compiled by researchers. Temporal comparisons were assessed by T-test for paired samples and fieldnotes interpretation was carried out.

Results: The SOUND intervention significantly improved participants' well-being, cognition and executive functions over time and remained stable at the follow-up. Results on mood are controversial, due to depression increasing among Romanian participants.

Discussion: It is important to incorporate person-centred music-based activities into the daily dementia care routine of older people living either at home or in care facilities for improving their well-being and cognition. Further studies are encouraged for shedding light on possible adverse effects of music on depression and anxiety.

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POS13-83 - Multidisciplinary rehabilitation in MCI and mild AD: a holistic approach to cognitive decline

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Introduction: Alzheimer's Disease (AD) is a complex disorder characterized by neurodegenerative, inflammatory, and vascular components. Addressing these factors requires a comprehensive approach that combines multiple interventions. Here, we describe a holistic intervention that integrates mental stimulation, motor rehabilitation, dietary counseling, and museum-based activities to enhance cognitive and functional outcomes for patients across the AD spectrum.

Methods: We enrolled patients with mild cognitive impairment due to AD or mild AD who participated in an intervention that entails multiple sessions of: 1) museum-based activities, utilizing reminiscence therapy and multisensory stimulation; 2) cognitive rehabilitation, incorporating personalized cognitive tasks to complete at home with caregivers; 3) motor rehabilitation, integrating aerobic and neuromotor training; 4) nutritional counseling, including anthropometric assessments and dietary evaluations to provide personalized plans. Regular follow-up assessments utilizing cognitive screening tests, namely the Mini-Mental State Examination (MMSE), and motor assessments, namely the Timed Up and Go test (TUG) and static and dynamic balance parameters), have been used to monitor progress.

Results: We currently enrolled twelve patients. Preliminary findings indicate that most maintained or even improved their MMSE, TUG, and balance performance scores at follow-up, while those who declined showed only minor reductions.

Discussion: A multidisciplinary approach may effectively slow or even counteract cognitive decline, underscoring the importance of integrating different rehabilitative strategies in dementia care. While the roles of diet and motor and mental rehabilitation are well established, these findings also emphasize the significance of museum activities as potential therapeutic aids in AD, simultaneously promoting the national cultural heritage. Indeed, observing and discussing artworks activate both bottom-up (identifying objects and subjects within the artwork) and top-down processes (recalling personal experiences). This approach positively influenced behavior, cognition, and the relationships between patients and caregivers. Hopefully, these results will enhance awareness of the importance of multidisciplinary interventions for halting cognitive decline in AD.

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POS13-84 - Understanding the Structure, Accessibility and Sustainability of Community-Based Music Support Services for People with Dementia in the UK

Megan Polden[1], Carol Holland[2], Kerry Hanna[2], Sue Williams[2], Hazel Barrow[2], Clarissa Giebel[2]
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Community-based music interventions have shown benefits for people living with dementia and their carers, including improved mood, cognition, and quality of life. Despite this, many people face limited access to such services, particularly in areas with fewer resources. Factors such as geographical location (urban vs. rural), and lack of consistent funding contribute to disparities in service accessibility, availability and sustainability. To date, most research has focused on service users' perceptions of accessibility and availability, while less attention has been given to the barriers and facilitators that providers face in delivering accessible and sustainable support services.

This study aims to explore the current landscape of music-based support services across the UK by investigating the perceived structure, accessibility, and sustainability of these programmes, as well as the barriers and facilitators experienced by providers when delivering these services. An online survey will be conducted with up to 400 people involved in delivering music-based support sessions for people with dementia, including session leaders, volunteers, and administrative staff.

The survey will collect data on organisational structure (e.g., charity, voluntary, or government-funded), service provision, and perceived availability, adaptability, and accessibility using Likert scale and free-text questions. Quantitative responses will be analysed using multinomial logistic regression, while qualitative data will undergo thematic analysis. Findings will provide insight into the challenges faced by music service providers, how these differ across geographic and socio-economic contexts, and identify opportunities

to enhance the availability accessibility and sustainability of these vital services for people with dementia and their carers from the perspective of service providers.

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POS13-85 - Art&Narratives side by side – Group for people with memory disorder and family caregivers

Lila Heinola[1], Tiina Butter[2]
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Art group activity for people with memory disorder and their family care givers was developed by group art therapists Tiina Butter and Marjatta Hiltunen, based on the methods and exercises of expressive group art therapy. The method is called TATAMURI, meaning art and narratives alongside the person with a memory disorder. It was conceptualized for severely demented elderly people to enrich their interaction with their family members and loved ones. The method focuses on self-expression and re-enabling communication, to reconnect and reach the core person. It supports the identity of the persons and strengthens their self-confidence.

TATAMURI groups have been functioning for six years in Tampere in cooperation with Butterworks Ltd., the City of Tampere and the local memory association Pirkanmaan Muistiyhdistys. The participants are people with memory disorders and their family caregivers, loved ones, or support persons. The dementia is on relatively early stage, and they live at home. They participate as pairs, with four pairs in each group. The program includes six two-hour meetings once a week. During the meetings, they create art and discuss the feelings involved in making it. At the end, the artworks are exhibited.

For three years, Butter and museum educator Lila Heinola have applied the TATAMURI method to museum context in Tampere. The role of the museum exhibition is to evoke memories and feelings, which are then drawn in the following art workshop. Discussion is relevant both when exploring the exhibition and when creating art. Butter and Heinola have researched the method's effects at the Turku University of Applied Sciences as part of their separate studies in Applying Arts and Creative Wellbeing.

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POS13-86 - Swinging into Resonance: The First Dementia Swing as a Creative Intervention for Intergenerational Dialogue in Dementia Care

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Background: Dementia encompasses not only memory loss but also a progressive loss of communication, leading to social isolation and a diminished quality of life for both individuals with dementia and their families. In the absence of a pharmacological cure, human connection remains the most effective therapeutic intervention. In response, the first dementia swing in Belgium was introduced as a creative tool to foster ongoing interaction. The swing, with two separate seats, serves as a conversation mechanism, encouraging caregivers and the surrounding environment to maintain active engagement. The resonance method, informed by advertising techniques, body language and social psychology, offers strategies that support meaningful dialogue between individuals with dementia and caregivers.

Methods: The design of the swing and its conversational techniques were shaped by the insights of researchers and artists who immersed themselves in the lived experience of people with dementia in nursing homes. These observations informed the development of communication strategies that promote empathy and connection. The swing is placed in intergenerational public spaces, acting as a sculptural metaphor for connection and providing a space for users to engage at their own pace.

Results: The dementia swing has proven effective in initiating dialogue. Installed in the garden of a residential care facility, it has become a space where residents spontaneously sit to relax. The installation has also increased visitor engagement, and a nearby daycare, previously uninvolved, now regularly brings children, fostering intergenerational interaction.

Conclusion: This first dementia swing addresses isolation and aligns with the mission of Alzheimer Liga Vlaanderen to create a dementia-friendly society. The initiative's success has inspired other municipalities to replicate the installation, broadening its impact.

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POS13-87 - Collaborative development of a storytelling card game for people with dementia

Alison Ward[1], Simon Williams[2], Tracey Redwood[3], Karen Graves[3], Abigail Richardson[3]
[1]Dementia UK, [2]University of Sussex, [3]University of Northampton

Storytelling Connects is a creative card game designed for people who want to stay mentally flexible and enjoy the company of others. The game consists of pictures and prompts, including audio fragments accessible through QR codes printed on the cards, to stimulate the parts of the brain involved in learning and memory through cognitive sequencing. The game also supports social connections and wellbeing and was initially developed to support activities in day centres and care homes by adhering to clinical guidance that promotes the benefits of a range of stimulus. Feedback gained through early development has identified the need to create a wider range of prompts and images that are more representative of card-playing audiences' age, abilities, and ethnic diversity.

The project team worked with two organisations, a local dementia service and a mental health charity to engage in collaborative creative development by asking their service users to play the card game and provide feedback on the game play and design of the cards.

Each participant played the game on three occasions, facilitated by a member of staff. The game play was observed by two researchers to understand participants' emotional response, engagement across the group, and understanding and engagement with the game. A feedback session at the end of each game play collected immediate responses from

players and staff who facilitated the sessions. The data was fed back to the game creators. This process ensured participants' feedback directly informed the development of the game. Following this final product testing phase, the card game is better able to support interactions and enjoyment for people living with dementia.

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POS13-88 - Dementia Friendly Opera: Opening up the arts to people living with dementia

Andy Northcott, Katie Featherstone
Geller Institute of Ageing and Memory, University of West London

In the UK many venues now offer relaxed performances to increase accessibly for often excluded audiences such as parents of young children or neurodiverse people. One audience that can be missed are people living with dementia and family carers, a population at significant risk of experiencing social isolation and exclusion from cultural and community spaces. In response, the Geller Institute of Ageing and Memory (GIAM), in collaboration with the London College of Music, piloted the production of Dementia Friendly Opera, premiering new contemporary chamber operas in settings that are inviting and accessible for people living with dementia, their friends and families.

In 2023 GIAM hosted ‘The Lost Siren’, based on Homer’s Odyssey, performed by The Music Troupe, led by composer Edward Lambert. ‘The Last Siren’ was not written with people living with dementia in mind. The opera was a new production, premiered and performed as on its subsequent regional tour, providing a new experience for audiences. Dementia-friendly approaches to the production focussed on accessibility, safety, and community, drawing on a programme of consultation and co-production to develop and deliver dementia-friendly cinema (collaborating with the BFI and Alzheimer’s Cymru). In 2024 we hosted the premier of two operas performed together, The Parting, based on the surrealist artist Lorca, and Buster’s Dream, based on the creative process of Buster Keaton.

We discuss our approach to creating a safe and supportive environment for people living with dementia and their families to enjoy a new experience often considered elitist, difficult, and inaccessible. We will discuss the impact these demanding contemporary operas had on audiences, who discussed the power of the operatic singing, the new memories created, and the feeling of being alive, stimulated and revived by these performances. The positive audience response has led GIAM to work on a blueprint to replicate our approach.

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POS13-89 - Dance and Dementia: Synthesizing Evidence on a Promising Non-Pharmacological Approach to Brain Health

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Federal University of Rio Grande do Sul

Background: Dementia poses a growing global health challenge, with projections estimating nearly 153 million cases by 2050. In this context, dance has emerged as a meaningful, culturally resonant intervention that combines artistic expression, social engagement, and physical activity, offering potential benefits for brain health across diverse populations.

Objective: This study aimed to consolidate existing evidence on the impact of dance interventions on cognitive, physical, and emotional outcomes among older adults diagnosed with mild cognitive impairment (MCI) or dementia.

Methods: An umbrella review was conducted following the PICO framework, targeting individuals aged 55 and older with MCI or dementia. Eligible studies compared dance interventions to no intervention or alternative activities and reported brain health outcomes. Databases searched included PubMed, Embase, Web of Science, and PsycINFO. The methodological rigor of the included reviews was appraised using the AMSTAR 2 tool, and the GRADE approach was utilized to evaluate the strength and quality of evidence. Meta-analyses were performed where data allowed.

Results: From 154 screened studies, 10 systematic reviews and meta-analyses fulfilled the inclusion criteria. Dance interventions demonstrated positive effects on cognitive functions, particularly global cognition and executive function. Nevertheless, the overall evidence quality was limited, with most studies rated as low or critically low quality. Although dance shows promise in enhancing brain health among individuals with MCI, research specifically targeting those with dementia remains scarce, highlighting an urgent need for high-quality investigations in this area.

Conclusions: Dance represents a compelling, holistic intervention with the potential to support cognitive health in aging populations. Future studies with robust methodologies are essential to establish its effectiveness among people living with dementia.

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POS13-90 - Well-being through Sound Images

Katja Kujala[1], Sami Silén[2]
[1]Memory Association of South Ostrobothnia, [2]

Background: The Sound Images Art Intervention was implemented as part of the URHO-project. The URHO-project focuses on improving participants' well-being and quality of life.

Objective: The goal of the Sound Images group intervention, designed for elderly caregivers, is to provide peer support and offer a gentle perspective on their life stories. The aim of the personalized Sound Image, created during the intervention, is to empower caregivers and strengthen their everyday resilience.

Methods: The intervention consists of six bi-weekly sessions. During these sessions, participants share reflections on their strengths, meaningful hobbies and relationships, dreams, and empowering experiences and memories. Each session also includes an exploration of participants' sound preferences by listening to samples of different types of sounds. Based on this input, a personalized sound bank is created for each participant, from which an individual Sound Image is developed. Each Sound Image is tailored to provide an empowering experience and is delivered in a user-friendly format for everyday use.

Results: Participants found the Sound Images group intervention mentally refreshing, with emotional uplift from the sessions enhancing their well-being. They appreciated being actively involved in the creation of their own Sound Image, which was perceived as meaningful - especially when containing recognizable elements from their personal life histories. Three participants took part in the Sound Images Art Intervention, two of whom

completed the full process. Therefore, the intervention should be regarded as a limited case study.

Summary: Sound-based art holds untapped potential in the well-being sector. As a sound-based artwork, the Sound Image offers opportunities for relaxation and recovery. Familiar and personally meaningful sound elements can evoke positive emotions and a sense of safety. The Sound Images Art Intervention has been a valuable pilot, warranting further development. This type of activity may also be well-suited for persons with early-stage dementia.

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POS13-91 - Creating Small Worlds of Home: Sensory Narrative Interventions to Support Dementia Well-Being

Natsumi Wada, Silvia Maria Gramegna, Alessandro Biamonti
Politecnico di Milano

This study investigates how scent-based design can be leveraged in dementia care to support the recall of autobiographical memories and promote the preservation of personal identity in patients. Focusing on the concept of "sense of home," the research explores how scent, as a tool in reminiscence therapy, can evoke positive emotional responses and enhance a sense of comfort, safety, and belonging in dementia patients. The study emphasizes the importance of culturally and socially relevant scents in fostering a personalized care environment, as these scents have the potential to reconnect individuals with their past and facilitate the recall of significant memories.

The research specifically examines the Proustian effect, where particular scents trigger vivid memories and help individuals reestablish a sense of self, allowing them to reengage with their personal history. Through a series of participatory workshops and semi-structured interviews with dementia patients, caregivers, and design researchers, this study assesses the practical application of scent-triggered memory recall within dementia care practices.

It further explores how these memories are narrated and integrated into daily life, proposing how these sensory cues can be woven into care strategies to preserve individuality. The findings underscore the importance of integrating sensory design into dementia care environments, offering actionable insights on how to cultivate a "sense of self" and enhance the quality of life for dementia patients. This research contributes to a deeper understanding of how scent can be used effectively to nurture a sense of home, and provides evidence-based guidance for designing care environments that foster personal identity, autonomy, and emotional well-being.

Keywords: dementia care, sense of home, scent, reminiscence therapy, sensory design, autobiographical memory.

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POS13-92 - Fragments of Self: Implementing Integrative Psychotherapy in Early-Stage Dementia Care

Tali Ben Yoav, Shulamit Radin, Adi Talbe Gur, Daphna Shefet
Shalvata Mental Health Center

Individuals with early-stage dementia face not only cognitive challenges but also significant psychological distress, often including depression and anxiety. This stage presents a crucial window of opportunity—when individuals may still, at least partially, engage in insightful therapeutic work. Despite this, conventional treatments largely focus on behavioral or environmental interventions, neglecting the inner emotional world of the person with dementia.

Our aim was to develop psychotherapeutic methods for individuals with early-stage dementia and anxiety or depression. We focused on expressive arts therapy, since creative expression—through movement, art, and drama—remains accessible even when verbal language and declarative memory are impaired. We prioritized group therapy to address the inherent isolation often felt at this dementia stage, while maintaining a high therapist-to-participant ratio to support individual needs.

Following a series of short pilot groups, a group of seven participants (ages 70–83) met weekly over 18 months, led by an art therapist and a drama therapist. In parallel, a woman with severe social anxiety, who could not join the group, received individual movement therapy. All participants were diagnosed with mild dementia and concurrent adjustment, depressive, or anxiety disorders.

In both settings, sessions began with structured activities and evolved into more abstract, regressive work. Despite impaired declarative memory, participants retained emotional and procedural memory—returning to previous materials and reconnecting with previous artwork. Over time, the group shifted from apprehension to trust and emotional closeness. The individual patient progressed from denial of her diagnosis to acceptance, allowing integrating practical support she had previously resisted.

Expressive arts therapy enables internalization through implicit memory, bypassing impaired declarative systems. This creates a bridge to emotional domains that remain accessible and workable. These findings support integrative psychotherapy as a vital, often overlooked component of early-stage dementia care.

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Care approaches - Art interventions

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POS13-93 - Matisse Cut-Outs and Still Life by Cézanne revisited by the Alzheimer Day Care Art Group

Sari Karjalainen
University of Eastern Finland

The poster presentation highlights two visual art activities from the art workshops supervised by a professional visual artist with expertise in neurological rehabilitation at the Helsinki Alzheimer's Association's Day Care Centre. Afterwards the cut-out methods were supervised to the care staff by the artist.

Workshop 1 involved an innovative art activity where participants rearranged elements of Cezanne's still life painting to create their own individual compositions from the paper cut pieces of jug, bowl and apples. This task encourages participants to think creatively and engage their minds in decision-making, problem-solving, and spatial awareness, which can help stimulate cognitive functions.

The participants' own versions of the Cézanne's still life, with their unique arrangements reveal feelings and inner experiences and highlights the interplay between visual perception and artistic creativity. The task may also reveal how visual perception changes in dementia can affect depth perception, spatial awareness, object recognition and contrast sensitivity.

Workshop 2 was a collaborative abstract art collage work based on Matisse's cut-out works. The participants' contributions - choice of colour, shape and placement - added unique element to the collage, highlighting their individual preferences and creative choices. This activity offered rich opportunities for promoting a sense of community and mutual respect among the participants, as well as interaction and sharing ideas.

Engaging persons with dementia in creative activities is crucial for exploring and expressing their aesthetic preferences. Both representative and abstract art have their place in in dementia care. The latter offers benefits as it provides a flexible and open-ended form of expression suitable for varying levels of cognitive and perceptual abilities. These activities

encourage active engagement with carefully designed art materials, fostering creativity and providing a sense of accomplishment, both in individual and group interventions.

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POS13-94 - An aesthetic approach to dementia care

Sarah Fox[1], Kate Maguire-Rosier[2]
[1]The University of Manchester, [2]Maastricht University

Our work, conducted in the Northwest of England between June 2022 and present, explores the aesthetic aspects of care for people living with dementia. This presentation will explore the outcomes of two studies which take place in different settings and involve people – both those living with dementia and their family or professional carers – at different stages of the dementia journey, but which both demonstrate the importance of aesthetics to the practice of care.

Study #1: explores how people affected by dementia living at home understand, interpret and experience everyday aesthetics in their day-to-day lives. This study worked with nine households, comprising ten family carers and seven people living with dementia, including four households from underrepresented communities. Participants shared their self-identified meaningful everyday moments, reflective of their personal understanding and interpretation of everyday aesthetic experiences. Findings point towards a novel psychotherapeutic approach to person-centred care which focuses on understanding the aesthetic needs of individuals living with dementia and draws on these to create environments and experiences supportive of wellbeing, personhood and identity.

Study #2: focuses on a case study which took place across UK secure dementia wards, where people with dementia are sectioned according to the Mental Health Act and where acts of aesthetic care becomes more salient. Here care is observed as a sensorial, embodied and ultimately a skilled aesthetic practice. Building on Keady et al's 'in the moment' taxonomy in dementia care, this case study involved healthcare workers but also family care partners and persons living with dementia, who were observed and interviewed as part of ethnographies of the sites. Findings reveal the particular ways – at once ordinary and extraordinary – that professional care workers perform care acts with aesthetic skills that are best described in terms more common to theatre and dance.

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POS13-95 - MELODIC: co-designing a Music therapy intervention protocol Embedded in the Life Of Dementia Inpatient mental health Care to manage distress

Ming Hung Hsu[1], Emma Wolverson[2], Naomi Thompson[1]
[1]Anglia Ruskin University, [2]University of West London

Introduction: Mental health dementia wards in the UK National Health Service (NHS) provide specialist care for people with dementia experiencing extreme distress, often following a breakdown in care at home or in residential settings. However, there is limited research on effective approaches to prevent and reduce distress in these complex environments. Music therapy is a promising non-pharmacological intervention, but access remains inconsistent, and existing delivery models often lack integration with multidisciplinary care.

Methods: MELODIC (Music therapy Embedded in the Life Of Dementia Inpatient Care) is a complex intervention development study funded by the National Institute for Health and Care Research (NIHR). The intervention was co-designed with individuals with lived and professional experience of dementia care in mental health settings. Drawing on programme theory, existing evidence, and stakeholder insights, we developed a treatment manual with four components: (1) integration of a music therapist into the multidisciplinary team, (2) delivery of clinical music therapy sessions, (3) development of personalised musical care plans, and (4) training and support for staff and families. Feasibility and acceptability were evaluated at two NHS sites using mixed methods.

Results: The MELODIC intervention was feasible to implement and acceptable to patients, staff, and families. Qualitative findings emphasised the benefits of personalised music embedded in everyday care to prevent and manage distress. Data also supported refinements to improve acceptability and adherence. The standardised protocol facilitates cross-disciplinary collaboration and addresses key gaps in accessibility and consistency of delivery.

Conclusion: It is feasible to co-design and deliver a novel music therapy intervention embedded in routine care within NHS dementia inpatient wards. MELODIC has implications for clinical practice, service development, and future research into non-pharmacological approaches to distress in advanced dementia care.

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POS13-96 - Hearing loss, dementia and musical engagement: exploring key considerations

Emma Broome
NIHR Nottingham Biomedical Research Centre

Dementia and hearing loss are highly prevalent and increase in prevalence and severity with age. Among certain populations, for example in care homes, most people live with one or the other condition, and many live with both. Both conditions present significant challenges to auditory perception and musical engagement, impacting quality of life, social interaction, and emotional well-being.

Hearing aids can help to restore auditory input; however, they are typically optimised for speech, meaning music may become distorted, especially in complex soundscapes. Moreover, hearing aids are often underutilised by people with dementia, due to issues such as discomfort, lack of awareness of hearing loss, or difficulty in managing the device.

Despite advances in hearing aid technology, uptake among people with dementia remains low due to barriers such as handling difficulties, discomfort, and limited awareness of hearing loss. In care settings, environmental noise, lack of staff training, and limited autonomy may further impede communication and engagement with music.

Multisensory adaptations, such as visual cues and tactile instruments, offer alternative means of engagement. They may be particularly valuable for those with severe hearing loss or members of the Deaf community. Yet, a gap remains in clinical training for audiologists and care professionals regarding music-specific hearing care including how to manage the auditory environment and support the sensory needs of residents.

This presentation explores key considerations and future recommendations to improve musical engagement for people living with dementia. It highlights the need for further

research to optimise musical engagement for individuals with hearing loss, including those with dementia, to enhance their quality of life. Given the growing ageing population, such adaptations are not only beneficial but essential for promoting quality of life and social inclusion.

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POS13-97 - The Keepsake Chronicles

Kate Irving[1], Kate Irving[1], Cathy Fowley[2], Alexander Kornhuber[3]
[1]Dublin City University, [2], [3]GBHI

Keepsake Chronicles are storytelling groups with people living in the community with dementia, whom we ask to bring an object that is meaningful to them and that has been in their possession for a long time. The story need not be true but something the person wants to tell. Objects appeal because they are tangible (which can help scaffold memory and conversation) and are culturally linked.

Each story is recorded and they are photographed along wih their object whilst telling the story to the group. This ensures a series of authnetic emotion filed expressions which directly relate to the story being told. The recorded stories are then transcribed and turned into 'found poems'. Found poems take existing texts and refashion them, reorder them, and present them as poems: The literaray equivalent of a collage. The photographs, and poems are put together with other stories from the group and these are presented back to the group. Several poems and photographs will be presented.

Collaborating with people with dementia pushes us further: words, structure of sentences, silences have an impact on meaning. The photography, explores the essence of transitory and profoundly human moments so the lived experience of people with dementia and the ethical issues raised is fascinating. We believe that through art, this project has the potential to transmit the power of quiet advocacy showing the perseverance of personhood throughout dementia journeys.

We are not promoting a message – only providing amplification for the lived humanity of the person. Voice is a tool of power. Just the process of not marginalising the voice of the person with dementia becomes a quiet resistance to stigma and marginalisation that is so often the case in the dementia journey.

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POS13-98 - Writing and reading in dementia

Tatjana Cvetko
Društvo Primorske spominčice

Background: Writing is a skill that we maintain through writing. We write beautiful thoughts, memories, notes, lists, reminders, postcards, we solve crossword puzzles, we color. Writing about the disease can bring relief to relatives, reading allows for a deeper insight into the diverse faces of the disease.

Aim: to encourage writing and reading, communication, remembering in dementia

Methods: the network project is intended for patients and relatives, consisting of several smaller projects aimed at supporting relatives in caring for and coping with the disease in the family. We invited relatives to read about dementia, introduced them to accessible literature and media, encouraged them to write down their stories and promoted the use of prepared writing aids.

Results: in the project we obtained:

A collection of stories about dementia – 32 authors, 52 stories about dementia – racial or artistic, followed by an upgrade – added commentary by a psychiatrist - suitable teaching material about dementia for the lay and professional public

A list of literature - about dementia in the Slovenian language, available in libraries

Workbooks - Living with dementia - every day - letter grids, coloring books, crosswords - exercises for cognitive and graphomotor skills

New year's Card– distributed to the elderly at the end of the year, to establish contacts and overcome loneliness,

My story- strengthening a personal story that is written down and facilitates communication in advanced speech disorders or placement in an institution

My Medicine Card– a list of medications, useful for visiting a doctor or pharmacy

Reminders for the store – an exercise for every day, we see the change fonts

Conclusions: Writing and reading as a common thread successfully connect projects for patients living at home or in institutions. Stories of relatives about life with dementia with added commentary from an expert will enrich the library of narrative medicine for professional staff.

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POS13-99 - The Sound of Music: Music Therapy for People with Dementia and Their Carers

Chiara Maria Bieker[1], Lorenzo Gileno[1], Rosanna Palmeri[2], Chiara Di Marco[2], Antonella Deponte[2]
[1]Associazione Aulòs, [2]Associazione de Banfield

This paper presents a year-long music therapy project designed for individuals with cognitive decline and their family caregivers. The intervention is part of the broader field of non-pharmacological therapeutic practices and is based on an integrated approach that combines Neurologic Music Therapy (Thaut, 2016) with active music therapy grounded in psychodynamic theory (Bruscia, 1998; de Backer & Sutton, 2014). The latter draws on the concepts of sound identity (Benenzon, 2005) and non-verbal, non-directive musical improvisation.

Aims and Methods: The program involved nine pairs, each consisting of a person with dementia and their caregiver, in a cycle of 45 weekly sessions, each lasting 60 minutes. Music therapy activities included voicework, singing, body percussion, improvisation, active listening, and movement. The intervention aimed to support residual cognitive abilities, promote emotional regulation, stimulate creativity, and enhance social interaction, while also fostering the quality of the dyadic relationship.

Results: Qualitative outcomes indicated generalized improvements in active participation, attentional focus, and motor coordination, as well as an increase in both musical and interpersonal interactions. Quantitative data, gathered through psychometric instruments (WHO-5, STAI-Y), are currently under analysis; however, preliminary observations suggest a positive impact on caregiver well-being. The use of a non-judgmental setting, a wide range of conventional and unconventional instruments, and co-therapist facilitation contributed to

creating a safe and supportive therapeutic environment, facilitating processes of expression and emotional regulation.

Conclusion: The project represents a promising practice to support the biopsychosocial well-being of individuals with dementia and their caregivers. Moreover, the shared experience through the sound-musical channel enables a reconfiguration of family relational dynamics, often compromised by the progression of dementia.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-02 - Rural-urban disparities in the diagnostic pathway of mild cognitive impairment and Alzheimer's disease dementia: Findings from the Australian Dementia Network Registry

Xiaoping Lin[1], Mohammad Amin Honardoost[1], Susannah Ahern[1], Colman Taylor[2], Stephanie Ward[3], Elisabeth de Laguiche[4], Elizabeth Adesanya[5], Henry Brodaty[6], Jonathan Pearson-Stuttard[5], Sara Holloway[5], Michael Woodward[7]
[1]Monash University, [2]Health Technology Analysts/UNSW/The George Institute for Global Health, [3]The Prince of Wales Hospital/UNSW, [4]Novo Nordisk A/S, [5]Lane Clark & Peacock LLP, [6]UNSW/The Prince of Wales Hospital, [7]Austin Health

Background: Timely and accurate diagnosis of Alzheimer's disease (AD) dementia and mild cognitive impairment (MCI) are crucial to enable access to services and interventions and facilitate future planning. We examined rural-urban disparities in two indicators of timely and accurate diagnosis: completion of key diagnostic investigations and diagnostic wait times.

Methods: We used the most recent data (2020-2023) from the Australian Dementia Network (ADNeT) Registry and included patients diagnosed with AD dementia or all-cause MCI. Patients were categorised into three geographic groups: major cities (2763, 75.7%), inner regional (577, 15.8%), and outer regional (308, 8.4%). Logistic and quantile regression analyses were used to examine rural-urban disparities.

Results: Patients living in inner regional areas were more likely to have more basic (core blood tests, cognitive assessment/s, functional assessment/s, and structural neuroimaging) diagnostic investigations completed than those living in major cities, odds ratio (OR)=1.55, p=0.006. However, patients living in regional areas were less likely to have functional

neuroimaging (e.g., fluorodeoxyglucose positron emission tomography [FDG PET] or single-photon emission computed tomography [SPECT]) completed, OR=0.37, p<0.001 for inner regional and OR=0.32, p<0.001 for outer regional. Finally, patients living in regional areas had longer wait times from referral to an initial appointment, Beta=12.9, p=0.001 for inner regional and Beta=27.5, p< 0.001 for outer regional, but shorter wait times from the initial appointment to a diagnosis, Beta=- 46.8, p<0.001 for inner regional and Beta=-44.4, p<0.001 for outer regional.

Discussion/Conclusion: Our study found significant rural-urban disparities in the completion of advanced diagnostic investigations and timely initial appointment in the AD dementia and all-cause MCI diagnostic pathway. These findings highlight reduced access to diagnostic infrastructure and services for people living in rural areas. Without policy interventions, this may have implications for the equitable introduction of new disease-modifying therapies in Australia.



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POS14-03 - Subcortical Grey Matter Volumetric Alterations: Diagnostic Insights into Dementia

Fatemeh Tabassi Mofrad, John Gallacher
University of Oxford

Dementia as a progressive and debilitating syndrome inevitably impacts one's self-sufficiency and life expectancy, yet, the associated brain structural changes are not comprehensively addressed nor are brain volumetric signature associated with Dementia fully documented. Given the involvement of subcortical areas in deterioration of cognitive abilities, we investigated the volumetric alterations of subcortical grey matter, as potential diagnostic biomarkers for Dementia, using T1-weighted structural brain scans data of 152 Dementia patients and 152 healthy individuals from the UK Biobank; we focused on the volumes of the Brain Stem, the Thalamus, the Caudate, the Putamen, the Amygdala, the Hippocampus, and the Pallidum and performed a multifactor MANOVA. We observed that in Dementia patients, there was significant shrinkage of the grey matter volumes (GMVs) in the Brain Stem, the left and right Amygdala, and Hippocampus, but higher GMVs in the left and right Caudate and Pallidum.

That is, our investigation into the GMVs of subcortical areas revealed that in Dementia patients not only the atrophy of the grey matter but also the inflammation of brain tissue characterizes pathological volumetric alterations, uncovering the consequences of sustained neuroinflammation and the resulting pathogenesis of Dementia. To examine the diagnostic indications for Dementia based on the volumes of the subcortical areas, we also performed Receiver Operating Characteristic curve analysis; according to our findings, the diagnostic accuracy of this model in discriminating the Dementia patients from the healthy participants is at the considerable rate of 82%. Therefore, the alterations of the GMVs of subcortical

areas serve as a reliable biomarker for early detection and diagnosis of Dementia in clinical settings, facilitating timely interventions.

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From research to communities - Detection and diagnosis

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POS14-04 - Predicting Dementia Amongst Stroke-Survivors: External Validation of Dementia Risk Models in a UK Population-Based Prospective Cohort

Eugene Tang[1], Jacob Brain[2], Ruth Jack[2], Blossom Stephan[2]
[1]Newcastle University, [2]

Background: Stroke-survivors are at a significantly elevated risk of post-stroke cognitive impairment and dementia. At present early identification of high-risk cases remains a challenge particularly in stroke where cognition may fluctuate. One approach would be to use dementia risk models but these models are often developed for the general population and may not translate well to stroke populations due to unique pathophysiological mechanisms, risk factor profiles and accelerated cognitive decline often observed after cerebrovascular events. The aim of this study was to assess the accuracy of existing dementia models in a population-based stroke cohort.

Methods: This study fully or partially externally validated 11 risk prediction models in a population-based cohort of stroke survivors from the EPIC-Norfolk study. Model predictive performance was assessed in line with their development parameters as well as over six follow-up periods using Cox proportional hazards and Fine and Gray competing risk models with an outcome of all-cause dementia. Model fit was evaluated for discrimination and calibration. Participants were eligible if they had experienced a stroke without any prior diagnosis of dementia.

Results: In total, 3,782 stroke survivors were followed for a mean of 3.89 years (SD 4.72), with a maximum follow-up of 25.70 years, with 662 later diagnosed dementia. Model discriminative performance was generally poor across all models (c-statistic range: 0.52-0.69), with inconsistent calibration across visual and statistical assessments. Most models showed minimal predictive advantage compared to a model incorporating age as the sole predictor.

Discussion: Dementia risk prediction models developed for the general population have limited transportability to stroke populations. There is an urgent need to develop and validate stroke-specific prediction models that account for unique risk factors in this population. This will enable clinicians to identify stroke survivors who may benefit from early intervention and enhanced monitoring to reduce their dementia risk.

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From research to communities - Detection and diagnosis

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POS14-05 - Blood-Based Biomarkers and Digital Cognitive Assessments for Detection of Alzheimer's Disease Risk

Ahmet Begde[1], Sepehr Qooja[2]
[1]University of Oxford, [2]Loughborough University

Background: Early detection of Alzheimer's disease (AD) risk is essential for timely intervention. Whilst invasive and costly PET imaging and cerebrospinal fluid analysis remain gold standards, blood-based biomarkers (BBMs) and digital cognitive assessments offer promising alternatives for accessible screening. This study evaluated the predictive accuracy of plasma biomarkers for identifying amyloid status, and whether digital cognitive assessments could enhance this prediction when combined with BBMs in the ADNI cohort.

Methods: We analysed data from the Alzheimer's Disease Neuroimaging Initiative (ADNI) cohort. Plasma biomarkers included p-tau217, Aβ42/40 ratio, neurofilament light (NfL), and glial fibrillary acidic protein (GFAP). Digital cognitive measures were collected using the Cogstate Brief Battery (CBB), including reaction time (detection, identification, one-back tasks) and accuracy (one-card learning). Predictive models using logistic regression and random forest algorithms were performed to identify amyloid-positive individuals.

Results: Plasma p-tau217 demonstrated the highest individual predictive power (AUC=0.867), followed by Aβ42/40 ratio (AUC=0.821), GFAP (AUC=0.755), and NfL (AUC=0.730). Digital cognitive measures showed modest individual prediction (AUCs=0.552-0.603). Blood biomarkers alone achieved strong predictive performance (AUC=0.848), whilst digital measures alone performed moderately (AUC=0.587). The combination of blood biomarkers and digital cognitive measures achieved comparable performance (AUC=0.845) to blood biomarkers alone. Random forest models combining p-tau217, Aβ42/40 ratio, and one-card learning accuracy achieved superior performance (AUC=0.903).

Conclusion: Blood-based biomarkers, particularly p-tau217 and Aβ42/40 ratio, demonstrate strong predictive value for amyloid status identification. Whilst digital cognitive assessments showed modest individual predictive power, they did not significantly enhance the overall prediction accuracy when combined with blood biomarkers in this cohort.



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From research to communities - Detection and diagnosis

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POS14-06 - [99mTc] Tc-TRODAT-1 scan diagnostic accuracy for differentiation of dementia of Lewy body from Alzheimer's disease

Vajiheh Aghamollaee
Tehran University of Medical Sciences

Introduction: Dopamine transporter (DAT) receptors are reduced in the striatum in dementia of Lewy body (DLB) but normal in Alzheimer's disease (AD). We assessed the diagnostic accuracy of TRODAT-1 imaging to differentiate patients with DLB from AD.

Methods: Patients with DLB or AD underwent SPECT TRODAT imaging by [^{99m}Tc]Tc-TRODAT-1. Visual interpretation and quantification analyses were done. The activity of the right and left caudate nucleus (CN), putamen (P), striatum (S) as a whole, background (BG), and occipital area (OC) were calculated in addition to the ratio of right and left CN/OC, P/OC, and S/BG. Absolute right and left value difference of the striatum (ΔS), putamen (ΔP), and caudate (ΔCN) to OC or BG were also calculated. The diagnostic accuracy of the visual and quantitative method were compared between patients with AD and LBD. The area under the ROC curve (AUC) was analyzed.

Results: Twenty-five patients (15 DLB and 10 AD) were included. Scans were visually interpreted as DLB, AD, and non-diagnostic in 11, 13, and one patients, respectively. Sensitivity, specificity, and accuracy of the scan were 57.1% (28.9-82.3), 70% (34.8-93.3), and 62.5% (40.6-81.2), respectively. CN/OC, P/OC, and S/BG in the left, right, and bilaterally were statistically same between two groups. The AUC of ΔCN/OC was

70.7%. The optimal cut-off value for ΔCN/BG to diagnose DLB was 6.6% with a sensitivity, specificity, and accuracy, of 86.7%, 50%, and 72.0%, respectively.

Conclusion: The [^{99m}Tc]Tc-TRODAT-1 imaging has limited diagnostic accuracy for discrimination of DLB and AD patients.

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From research to communities - Detection and diagnosis

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POS14-07 - Enriching referrals of patients to memory clinics for mild cognitive impairment (MCI) – Refer-MCI

Stefan Teipel[1], Hannes Vossfeldt[2], Emrah Düzel[3]
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The goal of Refer-MCI is to investigate the potential for improving efficient and timely referral of patients who are likely to have MCI from specialized office-based care to memory clinics. Refer-MCI will utilize a quasi-experimental implementation trial with two arms (intervention and care as usual) to assess whether remote digital self-assessment (with neotivCare as intervention) of patients with memory complaints at office-based specialist care can enrich referrals to memory clinics with MCI cases.

The primary outcome of Refer-MCI will be the improvement of correct referrals (determined on the basis of S3 based reference assessment at memory clinics, CERAD testing) by digital technology based-referral (intervention referral) over usual-care based referrals (usual-care referral). In addition, quantitative estimates of improvements in referral accuracy will be obtained on the basis of sensitivity and specificity analyses against S3 based reference assessment.

Questionnaires for HCPs and patients will address existing barriers for efficient and timely referrals and potential future improvements using remote digital self-assessment. Bloodbased biomarkers will be used to estimate the proportion of MCI due to AD among the referred patients. MoCA testing will be obtained to explore how digital technologies compare to this widely used tool. Additionally, in a subsample, the feasibility of using speech biomarkers (ki:Elements) to improve the diagnosis of MCI will be investigated in this context.

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From research to communities - Detection and diagnosis

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POS14-08 - Incorporating estimation of variation into polygenic risk scores to enhance prediction accuracy of individuals at the extremes of neurodegenerative risk.

Emily Simmonds[1], Ganna Leonenko[2], Karl Michael Schmidt[2], Valentina Escott-Price[2]
[1]Cardiff University, [2]

Introduction. Polygenic risk scores (PRS) have been extensively used in brain disorder research to predict individuals at risk of developing disease. However, significant variability exists in the risk scores when different computational methodologies are used and even more so due to a variety of input genome-wide association data generated for the same trait. This variability can lead to uncertainty in the prioritisation of individuals for interventions, clinical trials or future experiments.

Methods. Polygenic risk scores are calculated by aggregating the weighted risks of single nucleotide polymorphisms (SNPs), where the strength of the association between a SNP and the disease—derived from an independent sample—is used as the weight. However, the effect size of each SNP is estimated with some level of uncertainty (e.g. sampling error), which is usually not accounted for in the PRS calculation. We propose a novel approach that quantifies the uncertainty associated with each individual's risk score.

Results. Our analysis shows that the variability in polygenic risk scores increases with the total number of SNPs included. The inclusion of rare variants does not increase the variability if rare variants are selected at the same significance threshold as the common SNPs. We provide a software tool for use by the broader research community.

Discussion. We have introduced a method to quantify the variation in individual PRS, which could enhance the accuracy of identifying individuals who are likely to develop a disease or those who may be at a lower risk.

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From research to communities - Detection and diagnosis

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POS14-10 - Enabling Health Care professionals to Identify the Domains of Cognition to improve diagnosis of Mild Cognitive Impairment

Maria Heathcoat
Cardiff and Vale University Health Board

Background: It is estimated that 5076 people are living with Dementia in Cardiff and Vale University Health Board, but only 3294 have a formal diagnosis. Identifying cognitive impairment early can positively affect an individual outcome and quality of life, and provide the right care at the right time. Allied Health Professionals have an integral part of assessing patients, and our understanding of cognition is crucial to identify cognitive deficits and ongoing referrals into Memory services.

Aim: To identify a clinicians knowledge of cognition and recognition of cognitive impairment within Primary and Secondary care, then provide resources to improve knowledge and confidence in the understanding and remembering the domains of cognition.

Method: I recruited 7 teams in different clinical areas including Physiotherapists and Occupational Therapists. They completed a pre-resource survey looking at their knowledge and confidence levels of understanding cognition and understanding of Memory Services. I provided an Infra-graphic poster with the Acronym and Statement ‘Don't LEAVE the Memory Behind’ with LEAVE incorporating each domain of cognition. I also produced a complimenting Padlet with videos on cognition and dementia related resources. Participants were resurveyed to re-evaluate.

Results: Participants demonstrated an improved awareness and confidence in understanding cognition, with 83% of them finding the 'LEAVE' Acronym useful. 98% of participants would use the poster for educating other allied health professional including students. The padlet provided further knowledge and awareness of how to refer to Memory

service and 100% agreed it was a good and useful supplementing resource for educating alongside the poster.

Conclusions: These resources can be used as leaning tools for all allied health professionals at multiple levels and are beneficial for our assessment and treatment skills and improve referrals to Memory Assessment services, brain health clinics and signpost to appropriate supporting services. By acting earlier we can improve individuals lives in Wales.

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From research to communities - Detection and diagnosis

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POS14-11 - Delirium in home-dwelling older people during regular GP consultation; text-analysis of routinely collected health care data.

Robert Brontsema[1], Barbara van Munster[2], Dika Luijendijk[1]
[1]University Medical Centre Groningen, [2]Alzheimer Centre Groningen

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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POS14-12 - Navigating memory problems and Mild Cognitive Impairment in later life: a qualitative secondary data analysis.

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Background: Mild Cognitive Impairment (MCI) describes objective cognitive impairment which exceeds that expected for age. This diagnosis may empower people to adopt lifestyle measures to reduce dementia risk (Bird et al., 2021). However its utility has been questioned as generating uncertainty for those who, paradoxically seek validation that they do not have dementia (Schweda et al., 2018). We explored how individuals navigate challenges of memory concerns and MCI diagnosis alongside expectations of later life. In doing so we address a gap in research around subjective accounts of lived experience of MCI and memory difficulties.

Methods: We analysed secondary data from a qualitative study designed to inform the development of a lifestyle and wellbeing intervention. We used reflexive thematic analysis to analyse 18 in-depth interviews with people aged 60+ living with memory concerns with and without a diagnosis of MCI.

Findings: We identified three themes. 1.Individuals *Situated Memory Concerns* within contradictory discourses: medicalised as a diagnostic category yet reassured symptoms were part of normal ageing, distinct from dementia. 2. Individuals were *Affirming self in the face of memory loss* through social roles, families and work. Activities were a vital anchor of identity, resulting in negative self-comparison to past self if abilities declined. 3. *Maintaining identity and Relationships;* the MCI 'label'

supported relatives through external validation of symptoms, but not the person experiencing them and participants concealed memory concerns. We reveal complexity surrounding individuals navigation of age and memory difficulties, extending ideas of liminality and third and fourth age.

Conclusion: We highlight the subjective experiences of memory concerns and MCI and illustrate effects of receiving or not receiving a diagnosis of MCI on identity and relationships with others. This is characterised by confusion with diagnosis compounding rather than reassuring, bringing tension to some relationships.

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From research to communities - Detection and diagnosis

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POS14-13 - An app for screening cognitive impairments - a comparison of CERAD and digiDEM-SCREEN

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Background: Dementia is often only diagnosed at an advanced stage. Targeted screening via an app could be an effective strategy for detecting cognitive impairment at an early stage, so that further diagnosis and treatment can be initiated in time and healthcare planning can occur.

Objective: digiDEM-SCREEN is a newly developed app that serves as a digital, orientating short test and examines similar cognitive areas. The aim of this study is to compare individual digital and analogue sub-tests with each other. This is intended to analyse the validity of digiDEM-SCREEN in comparison to established test procedures and to identify possible differences or similarities.

Method: For validation purposes, the digiDEM-SCREEN app was compared with the CERAD test battery. The study participants are people with mild cognitive impairment (MCI), people with mild to moderate dementia and cognitively healthy people. The neuropsychological test battery CERAD (Consortium to Establish a Registry for Alzheimer's Disease) is an established instrument for assessing cognitive performance. The correlation

between the results of the instruments used is calculated using the Pearson correlation coefficient. Trail Making Test A and B, Figure Drawing and Word List Recognition and their respective digital counterparts are examined in detail.

Discussion: The results will help to reveal the strengths and weaknesses of the digital app in comparison to analogue testing. The main focus will be on the question of whether the individual digiDEM-SCREEN sub-tests deliver equally valid results. Valid digital screening instruments can enable a low-threshold, location- and time-independent entry into the diagnostic process. The comparison of the individual scores of both instruments will provide further insights for the integration of digital methods into routine diagnostics.

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POS14-14 - PREDICTOM interim results: Evaluating feasibility, usability, and acceptability of home-based AI-supported screening of Alzheimer's disease

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Background: Early detection of Alzheimer's disease (AD) remains a critical healthcare challenge. The PREDICTOM study leverages recent advances in digital and neurophysiological biomarkers to develop an AI-driven screening platform for home-based early diagnostic assessment. This study evaluates the feasibility, usability, and acceptability of collecting physiological and digital biomarkers in a home environment.

Method: This multicenter study aims to recruit 4,000 individuals aged 50 and older at increased risk of developing AD across seven European sites. Level 1 consists of a home-based assessment collecting digital biomarkers (cognition, hearing, eye-tracking, questionnaires) and physiological samples (finger-prick blood, saliva). Levels 2 and 3 involve more detailed in-clinic assessments. We will evaluate: (1) Feasibility: Task/questionnaire completion rates, biomarker collection, and dropout rates; (2) Usability: User feedback on sampling kits and frequency of support requests (clinical sites/helpdesk); (3) Acceptability: Perceived time investment, protocol complexity, and feedback material evaluation. Additionally, we will compare fully remote vs. quasi-remote assessments conducted in a clinical setting and analyze the impact of cognitive function and AD pathology on these measures using MANCOVA (controlling for age, education, and sex).

Results: The interim analysis of Level 1 data will include N»1000 across the spectrum from high to low risk of AD.

Conclusions: The PREDICTOM study will deliver groundbreaking insights into the feasibility, usability, and acceptability of at-home diagnostic measures for AD. We will present the first comprehensive data readout from approximately 1,000 participants, offering preliminary evidence to support the integration of remote assessments into early AD detection pathways.

Acknowledgment: *This project is supported by the Innovative Health Initiative Joint Undertaking (IHI JU) under grant agreement No 101132356 and their associated partners.*

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From research to communities - Detection and diagnosis

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POS14-15 - Videsta: A tailored dementia screening tool for the Austrian Deaf sign language community

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Introduction: Improving dementia diagnosis is a global health priority. Current neuropsychological assessments often overlook minority groups, such as the culturally Deaf, who use sign language, leading to poor measurement of cognitive performance resulting from communication and cultural barriers rather than cognitive deficits. The Erasmus+ program De-Sign aims to create a validated neuropsychological test for early dementia detection tailored to the linguistic and cultural needs of the Austrian Deaf community.

Method: The first step involved translating and culturally adapting the British Sign Language Cognitive Screening Test (BSL-CST, Atkinson et al, 2015) for Austria, with input from clinical psychologists and native signers of Austrian Sign Language (ÖGS). Test instructions were recorded as short video clips by native ÖGS speakers, reviewed by an expert committee, and pilot tested. An online platform was created by the Greek De-Sign project partners, which makes it possible to administer the test and record responses consistently. A normative sample of 60 healthy Deaf individuals aged 50 and older was

used for age-based comparisons. Percentile ranks, cut-off values and psychometric test properties were calculated.

Results: The result is VIDESTA (Vienna Dementia Sign Language Assessment), a screening tool in ÖGS that enables specific and sensitive dementia assessment in the Austrian Deaf sign language community. It includes cognitive areas such as orientation, memory, concentration, language, visual-spatial perception, executive functions, and logical reasoning. The test can be completed in under 60 minutes. VIDESTA has demonstrated satisfactory internal consistency, convergent validity, and inter-rater as well as test-retest reliability.

Conclusion: VIDESTA is a sensitive and specific dementia screening tool for the Austrian Deaf sign language population. It can be easily administered by clinicians via an online platform and includes percentile ranks and cut-off values and thereby has the potential to improve dementia care for the Austrian Deaf community.

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From research to communities - Detection and diagnosis

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POS14-16 - Urban-Rural Differences in Dementia Diagnosis: Administrative Dementia Prevalence in Bavaria 2018-2022

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Background: The timely diagnosis of dementia is an increasing healthcare challenge, triggered by the emerging disease-modifying therapies in Europe. People from rural areas face particular barriers to accessing specialised diagnostic services [1]. In this context, small-scale geographic analyses are crucial to identify regional disparities in dementia diagnosis.

Objective: This study aimed to assess trends in dementia diagnosis and identify regional disparities in Bavaria, using administrative data from 2018 to 2022.

Method: We conducted a retrospective cross-sectional analysis of routine data from the *Association of Statutory Health Insurance Physicians in Bavaria*. Dementia was identified using ICD-10 codes F00-F03. Urban-rural differences were analysed at the district level and visualised using a Geographic Information System.

Results: The number of documented dementia diagnoses increased slightly from 341,545 in 2018 to 342,635 in 2019, followed by a decline to 311,323 in 2022. The distribution of dementia subtypes remained stable: unspecified dementia was the most prevalent (54%), followed by Alzheimer's disease (23%) and vascular dementia (19%). While the proportion of specific subtypes were consistent in urban and rural areas, rural areas exhibited a higher crude diagnosis rate for unspecified dementia diagnosis.

Discussion: Small-scale geographic analyses are crucial for needs- and evidence-based care planning for people with dementia. Our findings suggest potential qualitative differences in diagnostic practices between urban and rural areas in Bavaria. Further population-based research is needed to fully understand these differences. Population-based registries contribute to filling this data gap.

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: G42d-G8300-2017/1606-83).

Literature:

1 Rühl, J., Brinkmann, S. T., Schaufler, D., Gräßel, E., Walker, B. B., & Kolominsky-Rabas, P. (2024). Räumliche Erreichbarkeit von Gedächtnisambulanzen – Eine geographische Analyse im Rahmen von digiDEM Bayern. *Gesundheitswesen, 86*(4), 263–273.

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From research to communities - Detection and diagnosis

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POS14-17 - The recommended role of General Practitioners in the diagnosis of dementia: A Scoping review of dementia Clinical Practice Guidelines.

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Background: Despite supporting evidence of the benefits of a timely diagnosis and early intervention, dementia remains underdiagnosed in many populations internationally. As the usual first point of contact for patients, GPs play a central role in symptom detection, clinical assessment, diagnosis and disclosure. Dementia clinical practice guidelines (CPGs) offer clinicians guidance on dementia care, but often do not specifically address the role of the GP in the diagnostic process.

Aim : This scoping review aimed to examine the recommended role of GPs in the diagnostic process for dementia within CPGs.

Methods: The Arksey and O'Malley's scoping review framework was used to conduct the review. Database searches included PubMed, CINAHL, Embase, PsycINFO, Cochrane Library, as well as grey literature and clinical guideline repositories. Two researchers

independently screened titles and, abstracts and full-text papers. The quality of included CPGs was evaluated using the AGREE II instrument.

Results: From the initial 14,739 articles identified, 15 CPGs were included, after applying inclusion and exclusion criteria. While most CPGs recognised the GP's role in the diagnostic process, recommendations varied regarding the specific extent of their involvement. Referral to secondary care was commonly featured, but referral criteria and processes were inconsistently defined.

Discussion: The findings of this review underscore the central role of GPs in the timely diagnosis of dementia, whilst also revealing significant variations in recommendations across guidelines. Variations may reflect differences in healthcare systems, understanding of ethical complexities, evolving dementia diagnostic criteria and emerging novel treatments for Alzheimer's disease. The gaps highlighted in this review demonstrate the need for careful consideration of the key role played by GPs in the diagnosis of dementia. Findings may be used to provide clear recommendations on the GP's role in future guidelines.

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POS14-18 - Preliminary Validation of the Riga Cognitive Screening Task: Association Between Protective Factors and Cognitive Functioning in Older Adults

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Early identification of dementia risk is essential for timely intervention and prevention strategies. Recent reports suggest that modifying lifestyle and psychosocial factors could prevent or delay up to 45% of dementia cases. However, most cognitive screening tools primarily assess deficits and overlook protective factors that may influence cognitive resilience. In response to the need for multidimensional screening instruments, this study presents preliminary findings from the Riga Cognitive Screening Task (RiTa), designed for dementia screening.

97 native Latvian speakers aged 50 to 85 years (M = 66.67, SD = 8.67, 33% male), with varied cognitive performance levels, were involved in the study. Data were acquired using the RiTa test consisting of two parts. First, a Protective Factors scale assessing education, occupational complexity, multilingualism, social relationships, physical activity, leisure engagement, and attitude was administered, followed by a Cognitive scale targeting memory, reasoning, attention, inhibition, verbal fluency, and motor function.

Initial analyses showed that the Protective Factors scale demonstrated average internal consistency (α = [.498 - .776]). Correlation analysis revealed moderate associations between education, physical activity, social engagement, and cognitive performance (rs=[.22 - .47], p < .05), but not with the general protective factor score (rs=-.09, p=.375). Hierarchical regression analysis, controlling for age indicated that education was the strongest individual predictor, explaining 18.6% of the variance in the total cognitive score.

While education showed a good association with cognitive performance, the general protective factor score did not, indicating a need for further refinement of the Protective Factors scale. Nevertheless, preliminary results suggest that the RiTa may be a promising tool for cognitive impairment screening, capturing cognitive functioning and the key protective factors. The ongoing work is focused on improving internal consistency and validity of the task. Validation in larger and clinically representative samples will be essential to determine the scale's utility in early dementia detection.

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POS14-19 - When it's not Alzheimer's disease: LATE and PART, a diagnostic challenge in older people

Nenad Bogdanovic
Karolinska UNiversity Hospital

Alzheimer's disease (AD) is the leading cause of dementia, accounting for 60% of dementia cases in individuals over 75 years old. Accurate classification of AD and non-AD cases is essential for studying disease mechanisms and exploring new treatment options. The typical clinical presentation of AD involves progressive cognitive decline, primarily characterized by memory impairment. Structural, functional, and molecular brain imaging, along with CSF biomarkers of amyloid pathology, neurodegeneration, and the presence of a vulnerability-associated APOE genotype, support the diagnosis of AD. The use of biomarkers has led to the identification of individuals with mild cognitive impairment who are amyloid-negative, pointing to a conceptually distinct clinical entity known as suspected non-Alzheimer disease pathophysiology (SNAP).

The clinical presentation and progression of SNAP can mimic AD, leading to diagnostic uncertainty in up to 30% of cases at clinical centers that do not employ biomarkers. Non-AD pathologies are common in both cognitively impaired and clinically normal elderly individuals, particularly with advancing age. These pathologies include Argyrophilic Grain Disease (AGD), Tangle Predominant Dementia, and TDP-43 proteinopathy. The terms Primary Age-Related Tauopathy (PART) and Limbic-Dominant TDP-43 Age-Related Encephalopathy (LATE) have been proposed as the most relevant biological and emerging clinical constructs for describing these conditions in individuals over 80 years old. Current evidence highlights the limitations of existing diagnostic tools, which are insufficient to fully capture the complexities of these disorders. Addressing these diagnostic challenges is critical for ensuring accurate diagnoses, reducing misdiagnoses of AD, and implementing appropriate therapeutic strategies for elderly patients with mild cognitive impairment and dementia.

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From research to communities - Detection and diagnosis

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POS14-20 - Social Stigma in Dementia: Italian Validation of the Dementia Public Stigma Scale (DEPSS)

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Introduction: The prevalence of dementia has been increasing, with over 55 million cases worldwide. Dementia-related stigma is believed to be a significant barrier to supporting people with dementia (PwD) and promoting their social inclusion. The Dementia Public Stigma Scale (DePSS) is a tool that measures the dementia-related public stigma and can guide educational interventions.

Objective: To validate the DePSS in Italian.

Method: The study consisted of two phases: translation and cultural adaptation, followed by psychometric validation. The scale was translated following Beaton's guidelines, with an initial assessment of clarity and relevance conducted by 5 experts and 41 lay participants. Subsequently, the DePSS was tested on a sample of 1,329 participants,aged 14-93 years.

Analyses included Item-total correlations (r), reliability (McDonald's Omega), test-retest (r), and confirmatory factor analysis (CFA).

Results: The Italian version of the DePSS demonstrated satisfactory semantic and conceptual equivalence, with good internal consistency (omega = 0.776) and reliability (r=0.725, p<0.001). Item-total correlations ranged from 0.3 to 0.7. The CFA supported the original five-factor structure (fear and discomfort, inability and loss, personality recognition, burden and exclusion) with good fit indices (CFI = 0.941, TLI = 0.923, RMSEA = 0.050 and SRMR = 0.045).

Discussion and Conclusions: The DEPSS is a brief 16-item scale that explores all components of stigma—stereotypes, prejudice, and discrimination—unlike other tools that assess only positive attitudes toward people with dementia, while neglecting negative ones. The Italian version of the DEPSS is a valid and reliable instrument for measuring dementia-related stigma and may be useful for healthcare policymakers.

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POS14-21 - From Test Results to Daily Life: Co-Designing Effective Communication in Neuropsychological Assessments

Inez Ramakers[1], Inez Ramakers[2], Marit Stolte[2], Jolanda Dobbe[3], Leonie Visser[3], Sietske Sikkes[3], Willemijn Jansen[2], Ellen Smets[3], Marjolein de Vugt[2]
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Background: The neuropsychological assessment (NPA) plays an important role in the timely diagnosis of cognitive impairments and dementia. Clear communication of NPA results is crucial, offering patients and care partners valuable insights into cognitive strengths, weaknesses, and implications for daily functioning. Our team previously developed the INPAD application, which visualizes NPA results through co-created graphical displays. Based on an earlier evaluation, INPAD is being expanded to cover more cognitive domains, behavioral aspects, and daily functioning. As this expansion increases the complexity and amount of information, this study explores the preferences of neuropsychological professionals, people with dementia, and care partners regarding information density, comprehensibility, and relevance of recommendations for daily life.

Methods: We will conduct three focus groups (six–eight participants each): one with neuropsychological professionals and two with people with cognitive impairments or dementia - and their care partners - who recently underwent an NPA at a memory clinic. Using a structured interview guide, perspectives will be collected and analyzed through inductive and deductive content analysis, supported by MAXQDA24.

Results : A preliminary discussion suggested that participants: valued clear explanations of NPA results; appreciated graphs when not overloaded with information; preferred step-by-step information delivery; appreciated the ability to zoom in on a specific aspect if desired; liked to take this information home; and favored receiving this information from

clinicians rather than searching online themselves. The findings will be explored further in the three focus groups this summer. Detailed results will be presented at the conference.

Conclusion: Findings from this study will guide the iterative development of the expanded INPAD application, aiming to improve the communication of neuropsychological findings and empower individuals with cognitive impairments through better understanding and personalized practical advice for daily living.

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From research to communities - Detection and diagnosis

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POS14-22 - Test adaption paradigm of a cognitive screening between sign languages

Lisa Magdalene Stockleben[1], Bencie Woll[2], Joanna Atkinson[2]
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There is a need for reliable tests to improve diagnosis of dementia in deaf people who use sign language. Cognitive screening tests to inform dementia detection are unavailable for most of the world's sign languages.

The *British Sign Language Cognitive Screening Test (BSL-CST*), developed by Atkinson et al. (2015), was the first dementia diagnostic assessment tool for deaf users of a sign language.

This computer-based, normed and validated cognitive assessment tool was suitable for adaptation into other sign languages. We present a cultural and linguistic test adaptation for deaf users of German Sign Language. An extensive 15-step paradigm demonstrates adaptation from the source to the target test. We present the new *KoDGS (Cognitive Test German Sign Language)* and normative data from 86 signers and data from 13 signers with neurological conditions.

The paradigm promotes Deaf community involvement to improve the research practice gap between clinical practice and the sign language community. Separate focus groups with clinicians and Deaf community sign language experts were conducted to inform the adaptation process. The search for equivalence between the source and target tests was supported by ongoing consultation with the developers of the source test.

The language items of the test were carefully adapted, taking into account psycholinguistic features and specific challenges related to testing in a signed language.We provide a detailed and comprehensive step-by step process, including clear recommendations for future population adaptations. This study extends the field of cross-cultural dementia

diagnostics, addressing the shortage of screening tools for sign languages and extending understanding of how to ensure tests are adapted to maintain language- and cultural validity.

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POS14-23 - ALFie – Guideline-Based Early Detection of Alzheimer's Disease in Cologne

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Background: Timely diagnosis of Alzheimer's disease is critical to ensure appropriate care, support, and planning. In Germany, however, many individuals are still diagnosed at a relatively late stage. ALFie ("Alzheimer's Guideline-Based Early Detection in the City of Cologne") is an interdisciplinary pilot project aiming to improve early detection and care through a structured, evidence-based care pathway aligned with the national S3 guideline on diagnosis and treatment of dementia.

Methods and Structure: The project is being piloted in the Cologne metropolitan area and brings together a regional alliance of healthcare professionals, researchers, and support services. Core partners include the University Hospital Cologne, Neuromed Campus Cologne, general practitioners, and the Regional Office for Ageing, Care, and Dementia. Supported by Lilly Deutschland GmbH, the initiative is coordinated by HealthRegion CologneBonn, which is responsible for ecosystem development, stakeholder onboarding, and practical implementation.

Innovation: At the heart of the project is ALFie digital – a novel coordination platform that connects general practitioners, specialists, counseling services, patients, and caregivers. The platform facilitates access to generalized and specialized care, enables standardized, guideline-based diagnostic processes, strengthens interdisciplinary collaboration, and supports continuous, individualized patient pathways.

Expected Impact: With the first disease-modifying therapies for Alzheimer's now approved in Germany, early and accurate diagnosis is critical. ALFie addresses this need by creating the structures required for timely detection and transition into treatment and counseling. As a regional pilot, it offers a scalable blueprint not only for other parts of Germany but also for European healthcare systems seeking to implement integrated, guideline-based dementia pathways. By improving access, coordination, and readiness for therapy, ALFie contributes to a broader European effort to raise care quality and promote innovation in dementia services.

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POS14-24 - Increased cognitive fatigue in Alzheimer's disease: Insights from subjective reports and actigraphy

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Introduction: Cognitive fatigue, defined as a decline in mental efficiency following sustained effort, is a frequent but underexplored complaint in Alzheimer's disease (AD). Although commonly reported in neurological conditions and impactful on quality of life, it remains under-assessed using validated multidimensional tools. In AD, it may be exacerbated by sleep-wake disturbances known to affect cognitive functioning. This study aimed to characterize fatigue in AD using composite scores and objective actigraphy-based markers of sleep-wake rhythmicity.

Method: Twenty-three individuals with mild-to-moderate AD (mean age = 78 ± 12 years; 8 females) and twenty healthy individuals (mean age = 76.85 ± 6.19 years; 5 females) completed two trait fatigue questionnaires (FSMC, BFS). Cognitive and physical fatigue composite scores combining FSMC and BFS were computed using principal component analysis. Global cognition was assessed with the MoCA. Actigraphy over seven days yielded metrics of circadian rhythm amplitude (RA), behavioral fragmentation (kRA, kAR), and sleep-wake regularity (SRI, IS). Group differences were tested using linear regression adjusted for age, sex, and education ($p<0.05$). Associations between fatigue and cognitive performance / actigraphy were examined using Pearson's correlations.

Results: Composite scores showed good psychometric properties (79.2% explained variance). People with Alzheimer's disease exhibited higher levels of cognitive fatigue (β =

0.612, p = .027, f^2 = 0.152). No significant differences were observed for physical fatigue and actigraphy metrics, though visual inspection suggested reduced amplitude and greater fragmentation in AD. Neither fatigue dimension correlated significantly with MoCA or actigraphy markers.

Conclusion: Cognitive fatigue appears more pronounced in AD than in healthy aging. The level of fatigue is, however, not associated with global cognition or actigraphy metrics. Further investigation is needed to determine the potential contributors to cognitive fatigue in AD and to examine whether more fine-grained cognitive measures may better capture the functional impact of fatigue.

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POS14-25 - Facilitators & Barriers in Communicating Neuropsychological Assessment Results & its role in disease acceptance; a Qualitative Study of Dutch Memory Clinic Professionals

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Background: Neuropsychological assessments (NPAs) are imperative for the diagnostic process of neurodegenerative diseases. NPAs provide insights into the strengths and weaknesses of patients' cognitive profiles, behaviours, and activities of daily living. Clear communication is challenging due to the complexity of information gained from an NPA. Since NPA disclosure can have important implications for disease acceptance, an effective communication strategy to patients and caregivers is important. Therefore, the aim of this study is to gain insight into clinicians' perspective on how, what, when, and why they communicate NPA results to patients and caregivers, and how this communication can be improved.

Method: We conducted four focus groups (four-eight participants per group). Participants had extensive experience with diagnostics in a Dutch memory clinic. Two focus groups included physicians, and two groups consisted of psychologists. We explored the perspectives of clinicians working in the Dutch Memory clinic with an iteratively developed interview guide. Inductive and deductive content analysis was conducted by two independent researchers.

Results: preliminary findings from the focus groups with physicians indicate that NPA results were consistently addressed during the diagnostic consultation. However, the depth and specificity varied, contingent on several patient-related factors. Characteristics such as education, cognitive functioning, diagnosis, and presence of a caregiver influenced the content and the way information was conveyed. Generally, physicians did not report difficulty in communicating NPA results, except when the assessment was invalid. However, challenges were reported concerning the physical presentation of NPA results to patients and caregivers, whether provided by letter or through other means. Final results will be presented at the conference.

Conclusion: Results provide insight into clinicians' considerations about how they communicate NPA results during diagnostic disclosure, thereby optimizing the path towards disease acceptance. Additionally, we identified challenges in communicating NPA results; addressing these issues may enhance patients' insight, functioning, and well-being.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-27 - Characterising and Measuring a Successful Disclosure of a Diagnosis of Dementia: A Scoping Review

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Existing literature largely focuses on disclosure practices and the effect that disclosing a diagnosis of dementia has on the person living with dementia (PLWD) and their carer. However, we know little about the extent of the evidence that characterises a successful diagnosis of dementia, or how best to measure it from the perspective of the PLWD and their carer, this scoping review aims to summarise what we do know.

A pre-registered scoping review was undertaken on six databases and google. Three types of evidence were included: 1) qualitative research, 2) quantitative data and 3) policies. English language papers from 2009 onwards were included. Two researchers independently reviewed all papers, first by title/abstract then by full text, 34 papers were included. Data were extracted using a pre-established data extraction instrument. The qualitative results were analysed using grouping thematic analysis, all other data were analysed using narrative synthesis.

Three themes were established from the qualitative papers: what information is disclosed (clear person-centred explanations are desired); how the information is disclosed (empathy,

understanding and knowledge are valued); and the emotions experienced (a wide variety, including relief, anger and sadness). The quantitative papers all used custom questionnaires to discuss disclosure before assessing its effect using established measures of PTSD, anxiety and depression. Fourteen characteristics of a successful disclosure of a dementia diagnosis were identified from policies, including instilling hope.

A wide range of data suggest successful disclosure of dementia diagnosis is dependent on what and how information is given. This in turn can influence the emotions experienced by the PLWD and their carer at the time as well as in the following months. Our findings suggest that there are no psychometrically robust tools for measuring the quality of a disclosure of a dementia diagnosis; such an instrument could help improve the diagnosis experience.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-28 - Relevant eye-tracking metrics for the early diagnosis of neurocognitive disorders in mild cognitive impairment: A Scoping Review

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Introduction: The use of eye tracking as a diagnostic technique holds promise for the early detection of cognitive decline in several neurological conditions, including dementia and mild cognitive impairment (MCI). MCI is not a physiological ageing cognitive status and it is significantly linked to the probability of progression to dementia. Innovative methodologies, including eye tracking, holds considerable promise for diagnostic purposes, due to their potential utility as a detector of early digital biomarker.

Methods: A robust exploratory review was conducted in accordance with the Joanna Briggs Institute guidelines. The objective of this review was to map the evidence on the use of eye tracking in MCI for diagnostic support purposes. The following databases and registries were consulted: PubMed, Scopus, Web of Science, EBSCOhost, Cochrane Central, and the ClinicalTrial.gov registry. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA-SCr) was used to report the results.

Results: A total of 420 records were identified and, following a selection process, 38 studies met the strict inclusion criteria for the scoping review. The results indicate that the most promising experimental paradigms were the 'visual pair comparison task', the 'anti-saccade task' and the 'visual search task'. These tasks were found to be effective in detecting changes in specific eye-tracking parameters associated with episodic memory, executive function and selective attention deficits.

Discussion: An in-depth analysis of the collected scientific evidence has confirmed that eye tracking has the potential to make a valuable contribution to the early diagnosis of

neurocognitive disorders in various neurological conditions. However, due to the high methodological heterogeneity among studies, our research group is currently developing integrated clinical protocols combining eye-tracking and neuropsychological tasks with the aim of fostering our ability to detect early signs of cognitive impairment.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-31 - Application of Addenbrooke's Cognitive Examination- Revised test in clinical settings: impact of age, gender and education

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Introduction: Diagnosis of different types of dementia is a challenge in clinical settings especially when considering effects of demographic factors on different cognitive domains.

Objective: The aim of this study is to assess the relationship between six cognitive domains in the Addenbrooke's Cognitive Examination-Revised (ACE-R) test considering age, gender and education.

Methods: 60 patients, diagnosed with diferent types of neurological disorders, treated at the Neurological Clinic, Clinical Center University of Sarajevo, were included. Comprehensive cognitive assessment was performed by using the ACE-R. ACE-R is a brief battery that provides evaluation of six cognitive domains with maximun points: orientation (10), attention (8), memory (26), verbal fluency (14), language (26) and visuospatial abilities (16).

Results: Our study included 34 (56,6%) females and 26 (43,3%) males. Mean age of participants was 66, 4 years. There was no signifficant gender and age difference considering overall ACE-R scores and all six cognitive domains scores. Patients with higher level of education had higher total ACE-R scores (71,60 vs 64,90), attention (12,76 vs 11,60), memory (18,11 vs 16,04), verbal fluency (10,17 vs 8,51), language (18,58 vs 17,30) and visuospacial function (12 vs 11,48) scores, comparing to the patients with lower education, but with no statistically significant differences.

Conclusion: The results of this study suggest that ACE-R test is aplicable in the clinical settings. We did not prove significant differences considering age and gender which might be explained by different patologies underlyning cognitive impairment in the study. Higher level of education was associated with higher scores in all cognitive domains, with no significant differences, which might be partially explained by small sample size. Further research is needed to explore the contribution of other underlying factors and to determine whether they have implications for the early detection and management of neurocognitive disorders.

Key words: ACE-R, cognition, education.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-32 - The cognitive performance of patients using two cognitive screening tools: the Addenbrooke's Cognitive Examination and the Mini-Mental State Examination (MMSE)

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Objective: The aim of this study was to assess and compare the cognitive performance of patients using two commonly cognitive screening tools: the Addenbrooke's Cognitive Examination (ACE-R) and the Mini-Mental State Examination (MMSE). This study seeks to explore their efficacy and diagnostic utility in a clinical population.

Methods: Our study included 60 patients at Neurology clinic, Clinical Center Univerisity of Sarajevo. Each participant underwent both the ACE-R and MMSE assessments and were divided into three groups according to their level of education /primary, secondary and tertiary/ as well as to eariler confirmed diagnosis of Parkinson's disease, stroke and vascular dementia. The ACE-R, a more comprehensive tool assessing multiple cognitive domains was compared to the MMSE, a shorter, widely used instrument. Correlations between the scores from both tests in each groups were analyzed.

Results: The ACE-R and MMSE demonstrated strong diagnostic accuracy in identifying cognitive deficits. In 17 patients with tertiary level of education the average MMSE was 21, 8 and the average ACE-R was 71,64. In 33 of patient with 12 years of eduacation the average MMSE was 20 and the average ACE-R was 66,27. We had 10 patiens with 8 year of education with average MMSE of 16,9, and average ACE-R of 60,4. In patients with dementia, the average MMSE was 18.23, the average ACE-R was 60.0. Patients with Parkinson's disease had the average MMSE 21.4 and the average ACE-R 68.9. In patients with stroke the average MMSE was 20.8, and the average ACE-R was 70.

Conclusion: Both the ACE-R and MMSE are useful tools for assessing cognitive function in clinical settings. However, the ACE-R offers a more comprehensive evaluation and may be better suited in early stages of cognitive impairment but MMSE is simpler and quicker, remains effective as an initial screening tool.

Key words: dementia, cognitive impairment

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-33 - Exploring Perceptions on using Virtual Reality for Assessment of Social Cognition in People with Dementia, Caregivers, and Neuropsychologists

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Objectives: Impairment in social behaviour is at the heart of the problems faced by many people with dementia, with devastating effects on daily life. Current clinical assessments are primarily pen-and-paper-based, neglecting the richness of real-world social interactions. Virtual reality (VR) can address these challenges by simulating human behaviors and triggering social interaction. This study aimed to explore how people living with dementia and neuropsychologists perceive the application of VR in assessing social cognition.

Methods: We conducted in-depth interviews analyzed through thematic content analysis. The study involved a purposive sample of 20 participants, including five individuals in the early stages of dementia, five caregivers, and ten clinical neuropsychologists across various settings in the Netherlands, including hospitals, care homes, and private practices.

Results: The interviews with neuropsychologists revealed five key themes regarding potential barriers and facilitators: (1) a consensus on the necessity for scientific validation of VR testing benefits compared to traditional methods; (2) the successful integration of VR tools into clinical practice depends on compatibility, implementation support, complexity, and clinicians' tech proficiency; (3) opinions on VR as a diagnostic tool varied, with some expressing trust in its realism while others remained skeptical due to the absence of validated tests; (4) incorporating end-user feedback during development could enhance clinicians' understanding and acceptance of the tool; (5) concerns exist about using VR with people with dementia, focusing on cognitive challenges, digital literacy, emotional reactions, and its potential impact on clinician-patient trust.

Conclusions: Preliminary findings suggest neuropsychologists harbor reservations about employing VR among cognitively impaired populations, yet they recognize its potential benefits if rigorously researched and collaboratively developed with end-users. Further analysis of interviews with individuals living with dementia will provide deeper insights into their perspectives and potentially reveal additional facilitators and barriers for VR tool implementation in assessing social cognition.



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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-35 - Feasibility and usability of digital cognitive assessments for early detection of Alzheimer's disease in real-world settings: Design of the AD-RIDDLE pilot study

Roos Jutten[1], Laura Alvarez Sanchez[2], David Berron[2], Parthenia Giannakopoulou[2], Zuzana Ištvánfyová Rosita Tengzelius[2], Jyrki Lötjonen[2], Francesca Mancinetti[2], Patrizia Mecocci[2], Kaisa Paldanius[2], Sebastian Palmqvist Pontus Tideman[2], Andreea Rădoi Gonzalo Sánchez Benavides[2], Michael schöll Laura Stankeviciute[2], Alina Solomon[2], Nick Taptiklis[2], Sietske Sikkes[2], Wiesje van der Flier[2]
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Introduction: Alzheimer's disease (AD) requires innovative approaches for early detection and prevention. Remote digital cognitive assessments (DCA) have great potential to provide more sensitive and scalable measures of cognitive decline than current in-clinic paper-and-pencil tests. However, despite many promising developments in DCAs, there still is a gap when it comes to the actual implementation of these tools in clinical practice. To bridge the gap towards successful implementation, we designed a pilot study to evaluate the feasibility and usability of DCAs for early detection of AD in real-world settings.

Methods: This pilot study is part of the Real-World Implementation, Deployment And Validation Of Early Detection Tools And Lifestyle Enhancement (AD-RIDDLE) project, an EU IHI-funded public-private partnership. We assessed available DCAs on their readiness for real-world testing based on initial validation evidence and relevance for the target population. Additionally, we integrated perspectives of patients and healthcare professionals to identify barriers and facilitators for implementation. Selected DCAs will be pilot tested in N=150 participants across the clinical AD continuum (n=50 cognitively unimpaired/subjective cognitive decline, n=50 mild cognitive impairment, n=50 mild dementia) recruited from eight European clinical sites. Participants will undergo

standardized in-clinic paper-and-pencil cognitive testing, followed by self-completed DCAs at home with 1-week intervals. Each DCA will be correlated to standardized paper-and-pencil cognitive tests. Feasibility and usability will be evaluated based on ease of onboarding, completion rates and the System Usability Scale.

Results: Based on implementation-readiness, the following five DCAs have been selected for real-world pilot testing: cCog, Neotiv, CANTAB, BioCog and the Amsterdam IADL Questionnaire. Data collection is expected to start in June 2025, and first results will be presented at the conference.

Conclusion: Results of this study will provide the groundwork for large-scale real-world testing of DCAs. Ultimately, this will contribute to the much-needed scalable approach for early detection of AD.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-36 - Early detection of neurocognitive disorders in vulnerable communities: program design and methods of pilot actions (on behalf of the JADEHealth WP6 Consortium team)

Ivo Popivanov[1], Maria Diez-Cirarda[2], Jordi Matias-Guiu[2], Olena Bidovanets[3], Agnes Devecsery[4], Alexander Dimitrov[5], Jean Georges[6], Alex Gobey[7], Zsófia Grenada[4], Tomasz Kryczka[8], Manuel Menéndez González[9], Bernardino Morillo[10], Nicole Marie Scicluna Calleja[7], Róbert Wernigg[11], Latchezar Traykov[12], Shima Mehrabian[13]
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Background: Some communities have a higher risk of undiagnosed cognitive decline due to other health and social conditions. Vulnerable communities face challenges in obtaining a timely and accurate diagnosis of neurocognitive disorders (NCD) in terms of needed minimum of literacy, cultural, health-related and language barriers for neuropsychological assessments, social and cultural differences, and limited access to healthcare. These communities include low socio-economic status and low literacy groups, migrants, Roma people, refugees, people with disabilities, as Down syndrome, blind and deaf people, and the LGBTQ+ community.

Objectives: The main objectives are to systematically review the barriers and facilitators to timely and accurate diagnosis of NCD in vulnerable groups, define best practices, design a toolbox with integrated training pilots for healthcare professionals, and implement an early detection pilot to assess its feasibility and acceptability.

Methods: The JADE Health (Joint Action addressing DEmentia and HEALTH) project is an European initiative to integrate validated best practices and/or cost-effective interventions across countries through transnational pilot initiatives. Within the WP6 framework, “JADE Health” supports several innovative actions in Bulgaria, Hungary, Malta, Poland, Spain, and Ukraine to improve early detection of NCD in vulnerable communities. Two pilot programs for training healthcare professionals will be implemented, alongside a pilot action for early detection of NCD using a culturally and social sensitive screening toolbox/protocol in low literacy and socio-economic groups, and migrants. Feasibility and acceptability will be assessed through surveys and/or semi-structured interviews.

Conclusion: There is an urgent need to focus on timely and accurate diagnosis of NCD in vulnerable groups and to enhance awareness and preparedness of healthcare professionals. The JADE Health project will add to the evidence on the barriers and facilitators in the early detection of NCD in vulnerable communities, and support implementation of an effective strategy/model of early detection of NCD in clinical practice.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-37 - C-FiND Project: Enhancing Detection and Care Pathways for Cognitive Disorders in a Lombardy Province

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Background: The Italian guideline "*Diagnosis and treatment of dementia and Mild Cognitive Impairment*" recommends conducting studies on the effectiveness and cost-effectiveness of case-finding strategies for individuals with cognitive decline. In the Lombardy region, the province of Pavia - particularly the area of Vigevano - is densely populated, with an estimated 20,000 individuals living with dementia or Mild Cognitive Impairment (MCI). This research, within the "Ricor-dare" project, aims to evaluate the effectiveness of three distinct case-finding approaches for identifying individuals with MCI or dementia in the Vigevano area.

Methods: The intervention targets individuals reporting cognitive concerns without a previous diagnosis of MCI or dementia. Three different settings will be used. First, General Practitioners (GPs), trained in dementia risk factors and screening tools (e.g., GP-Cog), will identify at-risk individuals and refer them to a memory clinic. Second, the Dementia Operations Center Information Desk, will offer walk-in services where neuropsychologists assess individuals self-reporting cognitive complaints. Third, Open Days held in the community will provide access to cognitive screening using the Addenbrooke's Cognitive Examination-III (ACE-III). Individuals screened as at risk in any of these settings will be

referred to a memory clinic (Center for Cognitive Disorders and Dementia, CCDD) for specialist diagnostic assessment.

Results: The main outcome will be the number of individuals diagnosed with MCI or dementia at a CCDD within 26 months of initial screening, compared to the total number of positive cases identified through GP-Cog and/or ACE-III across the three settings.

Conclusions: This study will generate real-world evidence on the feasibility and effectiveness of structured case-finding strategies across healthcare and community settings. Results will guide public health policies to enhance early detection, improve access to care, and support optimal resource allocation in dementia care.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-38 - Prevalence of Subjective Cognitive Complaints in Memory Clinic Sample

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Introduction: Subjective cognitive complaints (SCC) are a potential predictor of the development of neurodegenerative diseases. They are often the reason older adults seek specialized neuropsychological assessment. The aim of this study is to present the first analysis of SCC prevalence among visitors to a memory clinic in Slovakia.

Methods: The analysis included individuals with subjective cognitive decline (SCD) (n = 142) and individuals with mild cognitive impairment (MCI) (n = 79), who were assessed using a comprehensive neuropsychological battery, including the QPC – *Le Questionnaire de Plainte Cognitive* – a questionnaire for subjective cognitive complaints.

Results: The most reported SCCs across the entire sample, as well as within both the SCD and MCI groups, were complaints related to memory changes over time, word-finding difficulties, and poorer memory for events. We found a significant difference between the SCD and MCI groups (W = 6714, p = 0.014), with the SCD group achieving higher average scores on the QPC compared to the MCI group.

Discussion: This study provides the first insight into the prevalence of SCC in Slovakia. The finding that individuals with objective cognitive decline report fewer SCCs than objectively cognitively healthy individuals may be attributed to limited insight and metacognitive factors.

The work was supported by VAIA 9I01-03-V04-00013.

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From research to communities - Detection and diagnosis

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-40 - Dementia-delirium-frailty integration in clinical care pathways in European clinical settings: a survey of European geriatricians

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Background: Dementia, frailty and delirium frequently coincide. Delirium is a preventable risk factor for dementia, while pre-existing dementia is a significant risk for delirium; similarly, frailty and dementia overlap in clinical settings. Clinical pathways that address these conditions in a coordinated manner could improve healthcare outcomes and reduce costs, but anecdotally these are often addressed in isolation, missing crucial opportunities to detect dementia or improve holistic dementia care.

Aim: To explore geriatricians' assessment of dementia pathways in their clinical sites, and the cross-talk between dementia, delirium and frailty clinical pathways, within Europe.

Methods: An online survey exploring delirium, dementia and frailty pathways was distributed via the mailing list of the European Geriatric Medicine Society (EuGMS), national member groups and the authors' professional networks. Eligible participants were geriatricians or senior geriatric trainees, working in a hospital, rehabilitation, post-acute care or residential setting in Europe.

Results: Respondents (n=241) were predominantly female (63%) with a 6:1 consultant/trainee ratio and a marked under-representation of Eastern Europe. Clinical pathways (current or in-development) for delirium, dementia or frailty exist at varying rates, ranging from 48% to 60%. Dementia pathways commonly incorporate delirium screening (77%) and prevention (74%), but frailty screening was less common, at 61%. Delirium pathways provide guidance for the formal diagnosis of dementia in only 62% of cases. Notably, only 19% of delirium pathways differentiate between managing delirium alone and delirium superimposed on dementia. Frailty pathways often incorporate cognition

assessment (81%) and delirium screening/assessment (75%) rather than pathways to dementia diagnosis.

Discussion: Dementia detection and review needs to be better embedded in frailty and delirium pathways to signpost staff to appropriate pathways to assessment and diagnosis, or review and support. Equally, dementia pathways should integrate delirium and frailty, so that staff are not forced to follow parallel, or potentially conflicting pathways for one patient.

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From research to communities - Treatment and medical management

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-54 - Cognitive enhancement effect of auricular vagal nerve stimulation in patients with mild cognitive impairment and Alzheimer's disease

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Background: The modulatory role of the vagal nerve on the central nervous system (CNS) has been discussed for decades. Currently, vagal nerve stimulation (VNS) is recognized as a low-risk intervention and a clinically viable procedure for patients suffering from a broad spectrum of central nervous system disturbances. The present study was conducted on patients who were diagnosed with mild cognitive impairment and Alzheimer's disease (AD).

Methods: Auricular transcutaneous (atVNS) was applied using a VGuard device, specifically designed to provide non-invasive vagal nerve stimulation during sleep, i.e., a period characterized by increased vagal nerve activity and memory consolidation process.

Results: The primary outcome of this study is the significant improvement in the cognitive abilities of patients after a few weeks of repetitive nocturnal stimulation. The observed improvement in cognitive function was reversible after a few months without stimulation (follow-up).

Conclusion: The results obtained during the study confirmed the safety and effectiveness of atVNS in the treatment of mild cognitive impairments due to Alzheimer's disease. The effect is transient after a few months without stimulation.

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From research to communities - Treatment and medical management

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-58 - Effects of High-Protein Supplementation and Resistance Training on Muscle Mass and Physical Performance in Elderly Dementia Patients

Yu-Ting Chang, Mei-Li Wang, Ying-Shu Lin
Mennonite Christian Hospital Shoufeng Branch

This study investigated the effects of high-protein nutritional supplementation combined with resistance training on muscle mass and physical performance in elderly patients with dementia. Participants (n=24, 10 males, 14 females) aged over 65 years with basic mobility and cognitive compliance were recruited from the dementia ward of Mennonite Hospital Shoufeng Branch. Patients with active cancer treatment, renal/hepatic diseases, or poorly controlled diabetes were excluded. Over a 24-week intervention period, participants received daily high-protein nutritional supplements and participated in supervised resistance training sessions (50 minutes, three times per week) led by certified trainers. Measurements, including handgrip strength, Short Physical Performance Battery (SPPB) scores, and body composition (weight, body fat percentage, muscle mass), were assessed before and after the intervention.

Results showed significant improvements in muscle mass (p=.000), skeletal muscle mass index (p=.001), and SPPB scores (p=.005) after 24 weeks. This study demonstrates that combining high-protein nutritional supplementation with regular resistance training can effectively enhance muscle mass and physical performance in elderly patients with dementia. Moreover, it confirms that even individuals with dementia can safely engage in and benefit from resistance training with appropriate guidance and supervision. These findings suggest that this combined intervention approach holds promise for mitigating muscle loss and improving physical performance in older adults with dementia.

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From research to communities - Treatment and medical management

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-59 - Interventions to Reduce Cognitive Decline Post-Stroke: An Updated Umbrella Review

Eugene Tang[1], Emma Jackson[2], Adriana Di Bernardo[2], Claire Burley[2], Rhiannon De Ivey[2], Mishal Fatima[2], Muhammead Hamza[2], Linda Errington[2], Blossom Stephan[2], Jennifer Dunne[2], Terry Quinn[2]
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Background: Individuals who have had a stroke are at significantly elevated risk of developing cognitive impairment and dementia. However, there has been some evidence that interventions including physical activity and cognitive rehabilitation can improve cognitive performance post-stroke. A previous systematic review identified 18 systematic review that looked at interventions to enhance cognitive function post-stroke but the certainty of evidence was low dye to limited methodological quality. In this updated review, we aimed to synthesise the current state of the evidence around interventions to improve post-stroke cognition.

Methods: We searched the following: MEDLINE (Ovid), PsycINFO (Ovid), EMBASE (Ovid), the Cochrane Library, PROSPERO and Scopus from June 2019 to current. We were inclusive in our search with no restrictions in language. All systematic reviews of randomised controlled trials that review the effects pharmacological and non-pharmacological interventions to prevent worsening cognition among stroke survivors were included. The primary outcome for our review was if there were any clinical changes in post-stroke cognitive function. This was based on either cognitive impairment as defined by the study or specific changes in cognitive scores, pre- and post-interventions. The study was registered with PROSPERO (CRD42024611909)

Results: This is an ongoing study, A total of 3622 studies were eligible for screening after the removal of duplicates. In total 207 studies met the criteria for full text review. We will aim to perform a narrative synthesis of the findings and then separate the interventions into

groups initially by pharmacological vs. non-pharmacological interventions. We will then assess the types of interventions available and subgroup them further by type of intervention for example in non-pharmacological interventions this may include physical activity vs. virtual reality.

Discussion: The findings from this study can help inform future multimodal interventions in post-stroke cognitive impairment and full study results will be available for presentation.

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From research to communities - Treatment and medical management

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-60 - Research Protocol ADAPT: Treatment of Agitated Behaviour in Patients with Dementia with Psychotropic Drugs Not Recommended by Guidelines Using an N-of-1 Approach

Lieke Swart[1], Robin Roovers[1], Eefje Sizoo[1], Esther de Haas[2], Jacqueline Hugtenburg[1], Martin Smalbrugge[1]
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Introduction: Evidence for effectiveness of psychotropic drugs (PDs) in decreasing agitated behaviour in patients with dementia is limited. Therefore, guidelines are restrictive in recommendations for prescribing PDs. Physicians experience a lack of guidance and 'trial and error' with PDs not recommended by guidelines is common. Systematic – and preferably placebo controlled – evaluation of these prescriptions is warranted.

Methods: *Study Population:* Nursing home residents with dementia and agitation who are prescribed a PD not recommended by guidelines [1].

Study Design: We use two designs: Series of randomized, placebo-controlled N-of-1 trials with quetiapine, olanzapine, or lorazepam (N=100). Prospective observational study assessing agitation before and during treatment with any PD.

Additionally, the decision process leading to prescription and the feasibility of N-of-1 trials in nursing homes will be investigated.

The trials will last 12 weeks. The N-of-1 trials are double blinded and consist of 2-week treatment periods with active PD and placebo that are randomized over 3 crossover blocks of 4 weeks.

Outcome Measures: Primary outcome measure: change in agitation measured on the Cohen Mansfield Agitation Inventory (CMAI).

Secondary outcome measures: change in frequency, severity and burden of target symptom, Clinical Global Impression of Change (CGI-C), and side effects.

Data-analysis: At individual level, the effects of the PD will be visualized ('trial pictorial') and estimated. At group level, the average treatment effect of each PD over time will be estimated using statistical techniques for longitudinal data analysis.

Reference: 1. Zuidema SU, Smalbrugge M, Bil WME, Geelen R, Kok RM, Luijendijk HJ, van der Stelt I, van Strien AM, Vink MT, Vreeken HL. Multidisciplinary Guideline problem behaviour in dementia. Verenso, NIP. Utrecht 2018.

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From research to communities - Treatment and medical management

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-62 - Optimizing Circadian Modulation in Alzheimer's Disease Through Nanoparticle-Based Brain Delivery

Marion Le Meur[1], Andrés Crespo[2], Sujey Palma-Florez[2], Anna Lagunas[3], Giulia Terribile[4], Giulio Sancini[5], Mònica Mir[6], Paolo Blasi[7], Valle Palomo[8]
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Alzheimer's disease (AD) is the most common neurodegenerative disorder, with 45% of cases associated with sleeping disorders (1). Disruption of the brain central circadian clock (CC) has been shown to accelerate AD progression (2,3). In cellular and preclinical models, CC-resynchronizing compounds have shown efficacy in AD, but their clinical success has been limited by poor brain penetration due to the blood-brain barrier (BBB) and unmet dosing time (2,4). Functionalized nanoparticles (NPs), by enhancing BBB crossing through passive and active transport, may offer a reliable solution (5).

In this study, poly(lactic-co-glycolic) acid (PLGA) NPs were prepared via nanoprecipitation and multifunctionalized with two brain-targeting peptides derived from angiopep-2 and transferrin via maleimide conjugation. PLGA NPs were orthogonally co-labelled with coumarin 6 or DiO (encapsulation) and Cy5 (carbodiimide conjugation to the PLGA). Characterization by dynamic light scattering and electrophoretic light scattering showed a hydrodynamic diameter between

100 and 150 nm, a PDI below 0.2, and a slightly negative surface (-10/-20 mV). Transmission electron microscopy and scanning electron microscopy images revealed a spherical shape and the absence of aggregation. Toxicity evaluation by MTT assay on SH-SY5Y cell line confirmed their negligible cytotoxicity.

Internalization studies on brain endothelial cells (hCMEC/D3) demonstrated the fluorophores colocalization in the cytoplasm, confirming NP internalization and integrity, and the increased internalization of functionalized NPs. BBB permeability studies on a BBB-on-a-chip model, containing brain endothelial cells, astrocytes and pericytes in coculture, showed enhanced BBB crossing ability for NPs functionalized with the transferrin derivative compared to the non-functionalized ones and the functionalized NPs with the angiopep-2 derivative (Figure 1).

Currently, NP production is being optimized using microfluidics and design of experiment approach. The most effective peptide-functionalized NPs are being loaded with CC-targeting compounds. Their brain biodistribution and CC-resynchronizing ability will be determined in vivo and ex vivo.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-41 - P2X7R: a Key Target for the “Third Hallmark” of AD, the Neuroinflammation

Imane Ghafir El Idrissi[1], Anna Pegoraro[2], David Moreira Alvarez[3], Ciro Leonardo Pierri[4], Josè Brea[5], Maria Isabel Loza[5], Elena Adinolfi[2]
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Neuroinflammation, which begins in the early stages of Alzheimer's disease (AD) and occurs alongside amyloid-beta (Aβ) deposition, is a key pathological feature of the disease.[1] Currently, of the 164 clinical trials, about 23% of the compounds in Phase II are targeting neuroinflammatory mechanisms, highlighting the importance of gaining a precise understanding of these events.[2] Postmortem brain analysis of AD patients has firmly established that ATP-P2X7R-mediated neuroinflammation plays a critical role in disease progression, identifying this receptor as a reliable biomarker for early pathological changes in AD and for effective disease management at all stages.[3]

However, none of the current investigational drugs (20% of pipeline agents) directly target P2X7R.[1] Additionally, the truncated isoform B, which enhances P2X7R responses in cancer, has not yet been explored in the context of dementia. To address this gap, we have, for the first time, evaluated the expression of P2X7RB in human microglial HMC3 cells, discovering that this isoform is co-expressed with isoform A and is overexpressed in INFγ-activated HMC3 cells. Notably, the expression of P2X7RB is significantly increased in

response to chronic neuroinflammation. These findings may explain the potential role of P2X7RB in the poorly understood "P2X7-like" responses observed in AD.

References:

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-43 - Is mild behavioral impairment linked to polygenic risk for Alzheimer's disease? A scoping review

Efthalia Angelopoulou[1], Alexandros Hatzimanolis[2], Nikolaos Scarmeas[3], Sokratis Papageorgiou[3]
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Objective: Mild Behavioral Impairment (MBI) reflects the emergence of persistent neuropsychiatric symptoms (NPS) such as apathy, depression, anxiety and irritability in older individuals, and it is considered an at-risk state for dementia. Polygenic risk scores (PRS) for Alzheimer's disease (AD), which aggregate the cumulative effect of multiple genetic variants, offer a broader view of inherited susceptibility beyond the APOE genotype. This study aims to explore the potential association between MBI and polygenic risk for AD, shedding light on behavioral markers of genetic vulnerability in the preclinical phase of disease.

Methods: We conducted a systematic search of the PubMed and Scopus databases for studies published in English up to December 30, 2024. Eligible studies investigated the association between AD-related PRS and MBI in populations without dementia. Keywords included "polygenic risk score", "PRS", "mild behavioral impairment", "neuropsychiatric symptoms", "Alzheimer's disease", and "dementia" in various combinations.

Results: Four eligible studies were identified. Current evidence suggests that higher PRS for AD may be associated with the MBI domains of affective dysregulation, decreased

motivation, impulse dyscontrol and psychotic manifestations, as well as worse global cognitive performance among individuals with MBI. In some studies, the observed relationships were primarily driven by the presence of the APOE ε4 allele. However, methodological variability in PRS construction, MBI assessment methods, and sample heterogeneity limit direct comparisons across studies and generalizability.

Conclusion: Emerging evidence links polygenic risk for AD with MBI, supporting the hypothesis that genetic liability to AD may manifest behaviorally before cognitive decline. Further research using harmonized genetic and clinical measures is needed to clarify the utility of PRS in identifying individuals at risk for behavioral and cognitive impairment, enabling earlier and personalized preventive interventions.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-45 - Mapping Cognitive Signatures through Simultaneous EEG–fMRI Coupling: Insights from MoCA and MMSE across Alzheimer's Disease and Healthy Ageing

Heng Zhang[1], Simon LAWS[1], Shuhua Ma[2], Lei Xie[2]
[1]Edith Cowan University, [2]Shantou University Medical College

Background and Objective: Understanding how brain network dynamics relate to cognitive performance is critical for early detection and intervention in dementia. Simultaneous EEG–fMRI uniquely captures neurovascular coupling at rest, yet its clinical relevance remains unclear. We aimed to explore the association between EEG–fMRI coupling strength (R^2) and cognitive abilities assessed via the Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE) in people with Alzheimer's disease (AD), mild cognitive impairment (MCI), and healthy ageing.

Methods: Resting-state EEG–fMRI data were acquired from 99 participants (14 AD, 45 MCI, 40 healthy controls). EEG-derived features were convolved with a hemodynamic response function and entered into voxel-wise general linear models (GLMs) to predict fMRI signals. ROI-specific R^2 values were extracted and correlated with cognitive scores within each group.

Results: In AD participants, higher R^2 values in the supplementary motor area, inferior temporal gyrus, and occipital cortex were significantly associated with lower MoCA scores ($r = -0.72$ to -0.65, $p < .05$), suggesting maladaptive hyper-coupling. In MCI, MoCA associations localized to thalamic pulvinar anterior and parahippocampal regions, indicating early limbic network disruption. For MMSE, positive R^2 correlations in cerebellar vermis 8 and cerebellum lobule 10 right ($r = +0.76$ and $+0.60$, respectively) were detected in AD, reflecting compensatory mechanisms, whereas MCI and HC showed widespread negative correlations, particularly in superior temporal, Rolandic operculum, and thalamic nuclei.

These distinct spatial profiles highlight that coupling abnormalities evolve with disease stage and cognitive domain.

Conclusion: Our findings demonstrate that EEG–fMRI coupling strength sensitively tracks cognitive decline, revealing disease-specific and cognitive-domain-specific neural vulnerabilities. Integrating multimodal neuroimaging with multidomain cognitive assessments could enhance early identification and monitoring strategies for people with dementia, supporting more personalized intervention approaches.

Keywords: EEG–fMRI coupling, Cognitive decline, Alzheimer's disease, MoCA, MMSE

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-46 - Early Detection of Alzheimer's Disease: Meeting the Needs of (Potential) Patients

Luna Burk, Torsten Scheithauer, Willem van den Brink
TNO

The early detection of Alzheimer's is crucial for timely interventions and support. Early signs of dementia are often subtle, resulting in delayed detection and diagnosis. Mobile phones offer unprecedented possibilities to detect cognitive decline (CD) earlier and more easily than standard practices, enabling earlier lifestyle interventions that effectively slow disease progression.
Using a patient-centered approach, we are developing a mobile app designed to engage patients with CD during their initial interactions with healthcare providers. The app aims to assist healthcare providers in early detection and monitoring of CD, while also supporting patients' and informal caregivers' self-management by offering objective data. The data derived from the app can be particularly helpful for patients and their caregivers in the early stages of their patient journey towards a diagnosis. The app will leverage both passive data collection methods (e.g., social media usage, walking speed, location patterns) and active methods (e.g., cognitive screening tasks) to identify and monitor CD from its early stages.
In the project's first phase, we conducted desk research to identify meaningful aspects of health (MAH) for patients with (undiagnosed) early-stage dementia, their caregivers, and healthcare providers. Following, we selected relevant measures that align with these MAH. To evaluate whether these measures meet users' needs, we are conducting a mixed-method study comprising a survey and panel discussions. The survey collects quantitative data on the relevance and effectiveness of the measures, while the panel discussions offer qualitative insights into user needs and preferences.
The findings from this study will inform the final selection of measures to be included in the app. By October, we expect to have gathered and analyzed the data. This research aims to contribute to the development of a comprehensive and user-centered platform for the early

detection of Alzheimer's disease, ultimately improving patient outcomes and support systems.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-47 - Sleep fragmentation and cognitive decline in older people

Eva Ntanasi[1], Eirini Mamalaki[2], Angeliki Tsapanou[3], Dora Brikou[3], Archontoula Drouka[3], Artemis Margoni[3], Christopher Papandreou[3], Elias Manolakos[3], Mary Yannakoulia[3], Nikolaos Scarmeas[3]
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Wake After Sleep Onset (WASO) — the amount of time spent awake after initially falling asleep — is a key marker of sleep fragmentation. Elevated WASO has been previously associated with elevated risk of Alzheimer's disease (AD). Less is known about its association with cognitive decline in non-demented population. In the current study, we opted to investigate the association between WASO, measured via actigraphy, and cognitive performance in dementia-free adults (>40 years).

Data were gathered form the Aiginition Longitudinal Biomarker Investigation Of Neurodegeneration (ALBION). A total of 183 people (65% women, mean age 64.9, SD 9.6 years) without dementia were included in the current study. Participants completed actigraphy monitoring (Philips Actiwatch) for 7 consecutive nights to quantify sleep parameters, including WASO. Cognitive function was assessed using a detailed standardized neuropsychological battery. CSF samples were analyzed for amyloid-β and tau to classify participants based on the ATN criteria. Regression models evaluated the relationship between a) mean WASO and Mild Cognitive Impairment diagnosis (MCI) b) mean WASO and cognitive decline, adjusting for age, sex, and education.

WASO was not associated with MCI diagnosis or participants' cognitive performance. However, we used ATN criteria and divided our sample in a) people without AD pathology, b) with amyloid pathology and c) with AD biomarkers (amyloid and tau pathology). We found that in the group of people without AD pathology, higher WASO was significantly

associated with poorer performance in memory (β = -0.016, p=0.003) and attention/speed (β = -0.009, p=0.06) after adjusting for covariates.

According to the study results, greater sleep fragmentation was associated with worse memory and attention performance in older individuals without evidence of AD pathology. These findings highlight sleep disruption as a potential independent risk factor for cognitive decline and suggest that better sleep continuity may help preserve cognitive health.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-49 - Simultaneous EEG–fMRI Coupling Reveals Predictive Biomarkers of Cognitive Decline in Alzheimer's Disease

Heng Zhang[1], Simon LAWS[2], Shuhua Ma[2], Lei Xie[2]
[1]Edith Cowan University, [2]

Background: Early identification of cognitive decline remains a challenge in clinical and research settings. While neuroimaging and neurophysiological tools each offer valuable perspectives, few studies have examined how these modalities interact in people with cognitive impairment. Simultaneous EEG–fMRI recordings may offer a unique way to capture brain dynamics across time and space.

Objective: This study explored whether patterns of coupling between EEG signals and fMRI brain activity could help distinguish between healthy cognitive ageing, mild cognitive impairment (MCI), and Alzheimer's disease (AD), and whether such patterns relate to cognitive function.

Methods: We collected resting-state EEG–fMRI data from 99 participants (40 cognitively healthy people, 45 people with MCI, and 14 people with AD). EEG power was extracted from 62 channels and time-aligned with fMRI signals from 166 brain regions. For each person, we calculated cross-modal coupling values using a sliding window correlation method. We compared coupling strength across groups, analysed its relationship with cognitive scores (MoCA and MMSE), and used statistical models to assess whether these values could predict cognitive function.

Results: Coupling differences were found between MCI and both the healthy group and the AD group, particularly in connections between frontal EEG signals and temporal or cerebellar brain regions. Several coupling features were significantly related to MoCA or

MMSE scores. A predictive model based on coupling patterns explained around 40% of the variation in cognitive performance.

Conclusion: This study provides the first large-sample evidence that EEG–fMRI coupling reflects meaningful changes in brain function across the Alzheimer's disease spectrum. It highlights the value of combining brain imaging and electrophysiology to better understand, monitor and potentially predict cognitive changes in ageing.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-50 - Using EEG Brain Connectivity to Identify Alzheimer's Disease and Cognitive Impairment in Older Adults

Heng Zhang[1], Simon LAWS[2], Lei Xie[2], Shuhua Ma[2]
[1]Edith Cowan University, [2]

Background: People with Alzheimer's disease (AD) often experience changes in brain connectivity long before clear memory symptoms appear. Analysing patterns of brain activity through electroencephalography (EEG) may help identify these early changes and improve diagnosis.

Objective: This study aimed to investigate whether a single, non-invasive measure derived from EEG recordings—the clustering coefficient in the beta frequency band—can distinguish between people with AD, mild cognitive impairment (MCI), and healthy older adults.

Methods: We analysed resting-state EEG recordings from 99 participants (14 with AD, 45 with MCI, and 40 healthy controls). EEG signals were filtered into standard frequency bands, and functional brain connectivity was calculated using phase locking value (PLV). Brain networks were constructed by retaining the strongest connections, and graph-based features were extracted. We focused on the clustering coefficient, which reflects how locally connected brain regions are. Statistical comparisons and a machine learning classifier were used to test whether this measure could reliably distinguish diagnostic groups. Relationships with cognitive test scores were also explored.

Results: The clustering coefficient in the beta band was significantly lower in people with AD compared to both MCI and healthy participants. This measure alone classified individuals into the correct group with 96.8% accuracy. It also showed a positive correlation with MoCA scores, suggesting its relevance to cognitive functioning.

Conclusions: Clustering of brain activity in the beta band may serve as a reliable and interpretable biomarker to help identify early-stage Alzheimer's disease. This simple EEG-based measure could support low-cost, non-invasive screening and monitoring in memory clinics.

Impact: Our findings highlight how brain network analysis from routine EEG can support earlier and more accurate detection of Alzheimer's disease, offering new opportunities for timely intervention and personalised care.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-51 - Virtual Experience, Training and Assessment Environments for Individuals with Cognitive Decline: The SmartAktiv Project

Martin Pszeida[1], Amir Dini[1], Michael Schneeberger[1], Jochen A. Mosbacher[1], Sandra Draxler[1], Wolfgang Weiss[1], Thomas Orgel[1], Silvia Russegger[1], Amadeus Linzer[2], Thomas Pfitzer[3], Sandra Schüssler[4], Wolfgang Kratky[5], Judith Goldgruber[5], Marisa Koini[4], Julia Zuschnegg[4], Lucas Paletta[1]
[1]JOANNEUM RESEARCH Forschungsgesellschaft mbH, [2]VitaBlick GmbH, [3]EXP360 GmbH, [4]Medical University of Graz, [5]Geriatric Health Centres of the City of Graz

Background: Virtual Reality (VR) offers promising potential for cognitive activation in older adults and can serve as an innovative tool for interventions aimed at mitigating cognitive decline. The SmartAktiv project pioneered a novel immersive VR-based training environment, integrating hand tracking, eye tracking, and biosignal wearables. This multimodal system was designed to support cognitive training, assess daily living activities (ADLs), and extract digital biomarkers for early detection of cognitive decline.

Methods: A feasibility study was conducted at the Geriatric Health Centres of the City of Graz with 32 older adults from independent and assisted living environments (30 completed; M=76.4, SD=8.2 years of age; 80% female; MoCA score M=25.0, SD=3.3). Participants engaged in VR training scenarios that included realistic, interactive tasks (e.g., shopping, mushroom picking), were assessed via eye tracking (VR headset with 90 Hz sampling frequency), wearable biosignal sensors, and activity trackers. Follow-up data collection included questionnaires, practice-based tests, and physiological data analytics. Health professionals were involved through structured workshops.

Results: Interaction time (n=30; VR-based payment simulation) significantly differed between cognitively healthy (MoCA ≥ 24) and impaired individuals (MoCA < 24): M=37,0, SD=16.1 sec vs. M=87.2 sec, SD=52.4, *p*=.032 (Mann-Whitney U). Eye tracking data (n=20) revealed significant differences in mean fixation duration (*p*=.046) and pupil diameter (*p*=.037, ANOVA), suggesting cognitive workload variance. In a winter trip simulation, impaired participants showed significantly longer fixation durations (M=342.6 ms, SD=76.7) compared to healthy participants (M=268.9 ms, SD=39.9).

Conclusion: The SmartAktiv project demonstrated the feasibility and diagnostic potential of VR-based environments in distinguishing cognitive performance profiles among older adults. The integration of biosignals and digital behavioral markers offers a novel pathway for personalized activation strategies and early-stage cognitive decline detection.

This work was supported by the Austrian FFG (No. FO999904045) and the Federal Ministry BMIMI.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-52 - Eye Movement Biomarkers and Human Factors in Robot-Assisted Cognitive Training for Depression: Insights from the AMIGA Study

Lucas Paletta[1], Martin Pszeida[1], Michael Schneeberger[1], Thomas Orgel[1], Wolfgang Weiss[1], Sandra Draxler[1], Silvia Russegger[1], Michael Macher[2], Julia Zuschnegg[3], Anna Schulz[3], Sandra Schüssler[3], Alfred Häussl[3], Nina Dalkner[3], Eva Reininghaus[3]
[1]JOANNEUM RESEARCH Forschungsgesellschaft mbH, [2]Humanizing Technologies GmbH, [3]Medical University of Graz

Background: Depression and dementia are prevalent and increasingly overlapping public health challenges. Depression is also known as one of the main modifiable risk factors for dementia. The AMIGA study developed a gender-sensitive social assistive robot (SAR) platform using the humanoid robot Pepper to enhance motivation for cognitive training among individuals with depression. A central goal was to explore digital biomarkers as indicators of depressive symptom severity and intervention response.

Methods: In a randomized controlled trial (RCT) involving 32 participants (balanced by gender), subjects engaged in cognitive training using either a robot- or tablet-based interface. Eye movement data were captured using eye tracking glasses, while stress indicators were monitored via a wearable biosignal sensor. A Human Factors Toolbox processed real-time data to trigger adaptive relaxation interventions. Key eye movement features included fixation rate and duration, saccade rate and amplitude, blink rate, and pupil dilation. Depression severity was assessed using the BDI-II and MADRS scales.

Results: Significant correlations were found between eye movements and depression scores (n=13, age M=38.2,SD=14.9, 62% female): lower fixation and saccade rates, and longer fixation durations, were associated with higher BDI-II scores (e.g., saccade rate: ρ=–.813, p=.001**). These patterns suggest decreased visual exploration and attentional flexibility in individuals with higher depressive symptoms, with stronger correlations among

female participants. Physiological data confirmed stress reduction following adaptive relaxation prompts (increased blink rate post-intervention, $p<.05$).

Conclusions: The AMIGA system successfully integrates eye-tracking and biosignals into an adaptive SAR-supported cognitive training environment. Eye movement biomarkers demonstrate potential for monitoring depression severity and tailoring interventions. These findings pave the way for SAR-based personalised care in mental health and neurodegenerative conditions applying studies with elderly with MCI.

This work was supported by the Austrian FFG (No. FO999892829, FEMtech) and the Federal Ministry BMIMI.

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From research to communities - Biomarkers in dementia

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-53 - A multinational eye-tracking protocol for early detection of cognitive impairment in primary care settings as part of the PREDICTOM study

Lucas Paletta, Martin Pszeida, Jochen A. Mosbacher, Michael Schneeberger, Silvia Russegger, Wolfgang Weiss, Thomas Orgel, Sandra Draxler
JOANNEUM RESEARCH Forschungsgesellschaft mbH

Background: Emerging evidence suggests that subtle alterations in eye movements may serve as early, non-invasive biomarkers for the preclinical detection of Alzheimer's disease (AD). The PREDICTOM study aims to develop and validate a standardised, low-threshold eye-tracking protocol suitable for implementation in primary care, supporting timely identification of risk for AD.

Methods: The PREDICTOM study will be conducted across several European clinical sites (London, Munich, Brussels, Valencia, Geneva, Stavanger) and is expected to involve 600 participants. A five-task eye-tracking test battery—comprising a Fixation Test, Pro- & Anti-Saccade Task (Rane et al., 2023), Visual Paired Comparison, Smooth Pursuit Test (Pavisic et al., 2017), and Reading Task —will be administered using the MIRApro app, lasting approximately 15 minutes, including gaze calibration.

Data collection will rely on screen-based eye trackers (max. 1.200 Hz sampling frequency). We will process raw eye movement data using a velocity-threshold algorithm to classify fixations and saccades. Key metrics such as fixation rate, saccade amplitude, saccade peak velocity, pupil dilation, blink rate, anticipatory and catch-up saccade-based data, and task-specific performance scores, such as novelty preference and pursuit accuracy will be extracted for further AI-driven analysis.

Results: Protocol development was informed by retrospective data from a prior exploratory study (n=33; age M=60.3; MoCA M=25.6), which confirmed the feasibility and sensitivity of the approach. Preliminary analyses highlighted specific gaze behaviour patterns associated with cognitive performance, such as impaired anti-saccade responses and diminished novelty bias.

Conclusion: The PREDICTOM study introduces a scalable, non-invasive eye-tracking protocol supporting early AD risk detection. Its implementation across multiple clinical sites in Europe will support validation in a diverse population, with the long-term goal of enabling widespread use in primary care settings.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 10:00-15:45 - POS14. Diagnosis and treatment

POS14-57 - Effectiveness of Acupuncture in Preventing Accidental Injuries in Patients with Dementia

Lin ChiaLin[1], Lin Chia-Lin[1], Yu-Jung Ku[2]
[1]Taipei City Hospital, Renai Branch, Taipei, Taiwan, [2]MacKay Memorial Hospital

Objective: People with dementia face an increased risk of accidental injuries due to cognitive decline, impaired motor function, and balance deficits. This study evaluated the effectiveness of acupuncture in reducing accidental injuries by improving cognitive function, balance, and neuromuscular control.

Methods: A retrospective cohort study was conducted using data from Taiwan's National Health Insurance Research Database (NHIRD) to assess acupuncture's impact on injury prevention in people with dementia. Propensity score matching (1:1) was applied to balance demographic and clinical characteristics. The primary outcome was the incidence of accidental injuries, analyzed using Kaplan-Meier survival curves and Cox proportional hazards models to estimate adjusted hazard ratios (aHR). Subgroup analyses were performed based on age, sex, urbanization level, insurance amount, comorbidities, and medication use.

Results: A total of 24,153 individuals with dementia were included, with 4304 matched acupuncture users and 4304 non-users. Acupuncture was associated with a significantly lower risk of accidental injuries (aHR: 0.77, 95% CI: 0.67–0.89). The most pronounced benefit was observed in individuals aged 60–70 years (aHR: 0.49, 95% CI: 0.26–0.65). Medication use influenced outcomes, with Alzheimer's disease drugs and antidepressants enhancing acupuncture's protective effects, while hypnotics and antipsychotics were linked to higher injury risk. Additionally, acupuncture reduced injury risk among individuals with diabetes mellitus, coronary heart disease, and hypertension.

Conclusion: Acupuncture is associated with a reduced risk of accidental injuries in people with dementia, suggesting its potential as a complementary therapy in dementia care.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-01 - Exploring the impact of attending a psycho-educational course for individuals with a diagnosis of Mild Cognitive Impairment and their loved ones

Laura Hook, Chelsea Richards
Cwm Taf Morgannwg University Health Board (NHS Wales)

Background: Mild Cognitive Impairment (MCI) is an early stage of cognitive loss. Following diagnosis, individuals and their loved ones may experience practical difficulties, emotional difficulties and uncertainty. Despite this, and evidence which suggests specific health behaviour changes can prevent an MCI from developing into a dementia, individuals are often discharged following diagnosis without further practical or emotional support.

Aim: This service evaluation aims to explore whether attending a psycho-educational “Life with a Mild Cognitive Impairment” course has an impact on the knowledge and quality of life of individuals with an MCI and their loved ones.

Method: Data was collected for 28 service users and 21 friends or relatives who attended the course. The course consisted of 6 weekly hour-long face-to-face sessions providing risk reduction information and practical wellbeing tips. The Mild Cognitive Impairment Questionnaire (MCQ) was used to assess the practical and emotional concerns of attendees before and after attending the course. Attendees were also asked to complete a post-intervention written feedback form to rate their knowledge of MCI and experience of the sessions.

Results: Average scores on both practical and emotional concerns significantly reduced in individuals with an MCI ($p < .05$) and their loved ones ($p < .05$) following the course. Feedback data suggested that attendees gained knowledge about MCI and found the pacing and delivery of the information suitable. Themes emerging from this data also

suggested that attendees valued meeting others with an MCI and had a positive experience of course facilitators.

Conclusions: These results suggest that attending a psycho-educational MCI course positively impacts the quality of life of individuals and their loved ones following a diagnosis of MCI. Psycho-educational MCI courses could be a cost-effective solution for the current gap in memory services.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-02 - Early Detection Of Cognitive Disorders And Dementia In Hypertensive Patients

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Hypertension is a significant risk factor for dementia, with hypertensive individuals experiencing a 4.8-fold increased risk. Current dementia diagnosis is time-consuming, and early detection tools are limited. Currently, there are no established systems or algorithms designed to identify early signs of the disease.

Two pilot studies were conducted using two Hungarian-developed platforms, analyzing 43,902 data points. Participants completed cognitive tests, and hypertensive individuals received dietary advice based on the MIND diet and monitored their blood pressure for three months. The 259 participants completed SDMT-type tests, Stroop tests, and memory/word games. Twenty selected participants, who received dietary counseling and lifestyle modifications, provided 1039 blood pressure measurements to the system.

A unified and normalized scoring system was implemented for cognitive tests, enabling comparison of results. Significant differences emerged between the potentially affected population and a healthy control group. Subgroup analyses revealed hypertension, endocrinological disorders, and incipient dementia in lower-performing individuals, while depression, post-COVID syndrome, and sleep apnea were identified in higher-performing individuals. Regular cognitive games significantly improved memory, forgetfulness, and mood in the latter group. Participants who received dietary advice showed improvements in both their energy levels and nutrient intake. We also observed positive changes in blood pressure values in the selected participants. At the project's onset, participants had an average blood pressure of 144/96 mmHg. By the end of the project, the participants' blood pressure values

improved, with systolic values decreasing by an average of 11.35 mmHg and diastolic values by an average of 9.7 mmHg.

Our findings highlight the potential of combining cognitive assessments and AI to detect early cognitive decline in hypertensive individuals. A dietary approach targeting blood pressure, coupled with cognitive training, offers a promising strategy for preventing dementia. Routine cognitive monitoring should be incorporated into the care of hypertensive patients.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-04 - Health Professionals' Perspectives on Cognitive Deficits in Depression: Implications for Dementia Prevention

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Background: Depression is reported as a potentially modifiable risk factor for dementia. Cognitive dysfunction is a common yet often persistent symptom of depression, even after depression has lifted. This impairment not only increases the risk of relapse but may also contribute to long-term cognitive decline, underscoring its potential role in dementia risk. Despite its significance, cognitive dysfunction remains under-recognized, poorly understood and undertreated by health and social care professionals (HSCPS).

Aim: This study explores how HSCPS in the UK perceive and address cognitive dysfunction in depression, particularly in the context of brain health and dementia risk reduction.

Method: We conducted in-depth qualitative interviews with 12 HSCPS (General Practitioners, Mental health nurses, Occupational therapists, Psychologists, Psychiatrists), analyzing the data using thematic analysis.

Results: Findings revealed that HSCPS do not routinely screen for or assess cognitive dysfunction in depression. While it was acknowledged as a symptom of depression, its broader impact on long-term cognitive health and dementia risk was largely overlooked. Vulnerability to cognitive dysfunction was perceived as higher in individuals from minority ethnic backgrounds, those with lower educational attainment, excessive alcohol use, social isolation, and lower socioeconomic status. Additionally, HSCPS reported rarely

communicating the potentials links between depression, cognitive health, and dementia prevention to patients.

Discussion and Conclusions: To mitigate dementia risk, there is a pressing need for interventions that address both depressive symptoms and cognitive dysfunction. This need is particularly acute in minority ethnic communities, where multiple modifiable dementia risk factors converge. Greater awareness and structured guidance are essential for HSCPS to integrate cognitive screening in depression care and to communicate the links between depression, brain health, and dementia prevention. Routine assessment of cognitive dysfunction in depression could provide early insights into brain health and serve as a key strategy in dementia risk reduction.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-06 - Awareness and knowledge of dementia risk reduction among current and future health professionals: A survey study

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To lower future dementia incidence, there is an urgent need to implement dementia risk reduction strategies in routine clinical care. Yet, it remains unclear whether current and future health professionals possess sufficient knowledge. A cross-sectional survey was conducted among 368 current and 692 future (i.e., students) health professionals in the Netherlands, assessing awareness of dementia risk reduction, knowledge of dementia risk and protective factors, and educational needs, wishes, and barriers. Most professionals (79.1%) and students (54.1%) were aware of dementia risk reduction. Highly educated individuals demonstrated greater awareness and better recognition of risk and protective factors. Knowledge gaps existed within both groups regarding the contribution of hearing impairment, obesity, poor sleep and chronic kidney disease. Both groups expressed interest in professional education on brain health improvement. These findings highlight the need for targeted educational modules to address knowledge gaps and equip professionals with the tools to discuss dementia risk reduction in routine care.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-07 - Evaluating the feasibility of 'Breinzorg': an online platform for self-education and self-management of dementia risk reduction in memory clinic patients

Rianne de Heus[1], Tanya Palsma[2], Jelmer de Groot[2], Lotte Truin[3], Irene Heger[3], Sebastian Köhler[3], Marjolein de Vugt[3], Jurgen Claassen[2]
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Background: People with subjective cognitive decline (SCD) and mild cognitive impairment (MCI) may benefit from lifestyle modifications for dementia risk reduction, but this is currently not routinely incorporated in standard care at memory clinics. Education on dementia risk reduction could enhance awareness, self-efficacy, and promote behavioural changes. ‘BreinZorg’ (which translates to ‘BrainCare’) is a Dutch, online platform for self-education and self-management of dementia risk through lifestyle modifications, developed through co-creation. This feasibility study assessed the acceptability, usability and limited efficacy of ‘BreinZorg’ among recent memory clinic visitors with SCD or MCI.

Methods: In this mixed-methods pre-post study, people aged 60^{+} years, recently diagnosed with SCD or MCI at a Dutch memory clinic were included. Participants were given access to www.BreinZorg.nl and instructed to use it as they preferred for three months. The platform contains layered information on sixteen modifiable risk and protective factors for dementia. Bi-weekly e-mail newsletters were used to increase engagement. At baseline and after three months online questionnaires on user experiences, awareness, self-efficacy, feeling

of control, motivation to change lifestyle, and behaviour were administered. Usage data was extracted from the website. In addition, semi-structured interviews were conducted in fourteen participants.

Results: Between July 2024 and January 2025, 30 participants from four memory clinics (two academic hospitals and two general hospitals) were included (mean age 72.4±6.3 years, 37% female), well-balanced between SCD (43%) and MCI (57%). Data collection will be completed in May 2025. Results on acceptability, usability and limited efficacy will be available at the time of the conference.

Conclusion: Memory clinics often face limited resources, hampering the education on modifiable dementia risk factors after a diagnosis of SCD or MCI. The 'BreinZorg' platform may help address this challenge. Findings of the current study will further guide the development and implementation of 'BreinZorg' throughout the Netherlands.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-08 - Promoting brain health trough health insurance organisations

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The possibility to reduce or delay future cases of dementia is well established since the publication of The Lancet report in 2017 and their statement 'be ambitious about prevention'. The possible gain has since increased from 35% to 40% and recently to 45%!

But although The Lancet is a well-known and respected scholarly journal, few citizens read it. So we need intermediary actions to spread the message about brain health. In Flanders, we launched the SaniMemorix campaign in 2018, followed by ‘2 for the price of 1’ which was launched in march 2022 (see https://2voordeprijsvan1.be/). It focuses on ‘what is good for your heart, is good for your brain’.

While developing the ‘2 for the price of 1’ campaign, we organized focus groups with people in poverty. They have a higher risk on dementia, but are also harder to reach with generic public health campaigns. Our question was what were their accessible and trusted sources of health information. Because of the still existing digital divide, internet was not the answer. Information through GPs and especially the free printed newsletters from the health insurance organisations were more likely intermediaries to reach them.

As a follow-up on these focus groups, we will relaunch the ‘2 for the price of 1’ campaign in September 2025 in cooperation with all Belgian health insurance organisations, expanding our campaign from Flanders to Belgium (translation of all material into French) and possibly reaching 100% of Belgian households. In our presentations, we will outline the rationale for this relaunch, describe what was aimed for and what was realised, and reflect on the lessons learned so other countries can benefit from our experiences.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-09 - Subjective cognitive decline and 15-year risk of incident dementia in Finnish adult population

Sam Asher[1], Anna Liisa Suominen[2], Ruth Stephen[2], Tiia Ngandu[3], Seppo Koskinen[3], Alina Solomon[2]
[1]Sam Asher / University of Eastern Finland, [2]University of Eastern Finland, [3]Finnish Institute for Health and Welfare

Background: Evidence suggest subjective cognitive decline (SCD) to precede development of objective cognitive impairment and/or dementia; however, depression may also manifest as SCD in older adults. This study investigates association of SCD with incident dementia risk among individuals without depression.

Methods: N=5113 participants (mean age=50.67 years) without dementia and depression (Beck Depression Inventory<19points) from Finnish Health 2000 Survey were included. Baseline objective cognitive assessment included verbal fluency, immediate and delayed word recall, from which we calculated composite cognitive score, representing overall cognition. At Health 2000, three SCD-related questions were also asked: current memory (good/poor), experiencing recent memory decline (no/yes), and memory problems affecting daily life (no/yes). These Health 2000 questions have so far not been investigated in relation to incident dementia. We defined SCD as experiencing both memory decline and its effect on daily living. Dementia diagnosis until 2015 was retrieved from national health registers. Cox regression analysis accounted for relevant covariates including overall cognition and reverse causality bias (dementia before 2006 excluded).

Results: Lower overall cognition (<median) significantly increased incident dementia risk. Concerning SCD, after full adjustments including reverse causality bias, experiencing memory decline independently increased 15-year incident dementia risk by 36%. Also, participants who reported effects on daily life had 45% higher incident dementia risk, but not after considering reverse causality. Associations remained significant when analysis was

restricted to participants aged≥55 years. SCD (i.e., experiencing both memory decline and its effect on daily life) increased incident dementia risk by 57% after full adjustments including reverse causality bias.

Conclusions: Experiencing mid-to-late life subjective cognitive decline in participants without depression was associated with future dementia. This indicates that the SCD-related Health 2000 survey questions are able to capture at-risk population with subjective complaints. Results also emphasize the importance of early risk detection and risk reduction.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-10 - EverActive: a multidisciplinary brain health programme promoting supportive self-management in dementia

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[1]Dementia Services Information and Development Centre, [2]Regional Specialist Memory Clinic, St James's Hospital, [3]Punch Yoga

The EverActive programme is a pioneering, community-based initiative that promotes brain health and supportive self-management through a holistic, multidisciplinary approach. Designed for older adults with Mild Cognitive Impairment and early dementia, EverActive integrates evidence-informed strategies that improve on areas research has identified as positive for brain health such as exercise, diet, mental stimulation and social connectedness.

The programme comprises of two key approaches: Firstly, brain health education. The educational sessions are delivered by health and social care professionals, including occupational therapists, dieticians, physiotherapists and social workers. They provide accessible, up-to-date information on modifiable risk factors for dementia and strategies for cognitive resilience. Additionally, one session is dedicated to arts and health, offering a creative, expressive outlet and highlighting the therapeutic benefits of artistic engagement in dementia care. Secondly, falls prevention workshops. These incorporate physiotherapist-led strength and balance training to reduce injury risk, support physical independence, and maintain brain-body connectivity.

Delivered in collaboration between the Regional Specialist Memory Clinic (RSMC), the Dementia Services Information and Development Centre (DSiDC), the Mercer's Institute for Successful Ageing (MISA) Creative Life and Dublin City Council, EverActive is grounded in

person-centred care, inclusivity, and accessibility. Preliminary feedback suggests high levels of participant engagement, enhanced health literacy, and increased adoption of brain-healthy behaviours. It also shows high levels of satisfaction, improved confidence in managing symptoms, and enhanced wellbeing.

By combining physical, cognitive, and psychosocial elements, Everactive aims to provide participants with knowledge, promote peer support, and improve quality of life for both individuals with dementia and their caregivers. The structured yet flexible format encourages meaningful engagement and fosters a sense of community among participants. This presentation will detail the structure and content of the programme (and how that relates to supportive self-management), discuss early outcomes, and explore future directions for community-based, multidisciplinary interventions in dementia care.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-11 - Making the Dutch Motivation to Change Lifestyle and Health Behaviors for Dementia Risk Reduction questionnaire more accessible for citizens with limited health literacy

Elaine Albers[1], Ellen Smets[2], Esmee Kreuk[2], Leonie Visser[2]
[1]Amsterdam UMC, [2]

Background: The Motivation to Change Lifestyle and Health Behaviors for Dementia Risk Reduction (MCLHB-DRR) questionnaire assesses attitudes and beliefs towards lifestyle changes for dementia risk reduction, which may help understand citizen's willingness to adopt healthier behaviors. However, the 23-item questionnaire can be difficult to complete for citizens with limited health literacy. This study aims to enhance feasibility and comprehensibility of the Dutch version of the MCLHB-DRR by reduction and revision of items.

Method: A mixed-methods approach was used across four study phases: Phase i) Two audio-recorded focus groups (N=24), four audio-recorded individual think-aloud sessions, and MCLHB-DRR data collected among n=492 citizens were used to assess comprehensibility, reliability, internal consistency and inter-item correlation. Phase ii) Based on results from Phase i, experts reached consensus on initial item reduction and simplification of wording, and an expert in health literacy revised items and discussed these with the experts. Phase iii) Data collection among n=127 citizens, using a 14-item revised MCLHB-DRR, to assess reliability, internal consistency and inter-item correlation. Phase iv): Based on phase i and iii, final decisions were made in an expert consensus session.

Results: Phase i) Statistical analyses showed that four items were candidate for deletion. These items were also suggested to delete in the focus groups and think-aloud sessions. Phase ii) Experts recommended to delete another five items. Twelve items were revised in wording. Phase iii) Statistical analyses showed that one out of the 14-item revised MCLHB-

DRR was candidate for deletion. Phase iv) The consensus meeting is scheduled in Spring/Summer 2025, with the final questionnaire ready for presentation at EAC 2025.

Conclusion: The Dutch version of the MCLHB-DRR was reduced to 14 items, with 12 revisions in wording. This final version is suitable for citizens with limited health literacy, thereby supporting the development of tailored interventions for dementia risk reduction.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-12 - Quantitative gait in relation to risk of fracture in community-dwelling individuals with and without cognitive impairment: a population-based study

A. Charlotte Menart[1], Kirsty Huininga[2], Fernando Rivadeneira[2], M. Arfan Ikram[2], Frank J. Wolters[2]
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Background: Impairment of motor function is a common sign in the early stages of neurodegenerative disease, and may lead to falls, injuries, and hospital admissions. We investigated whether gait patterns are associated with risk of fracture, and whether this differs in individuals with and without cognitive impairment.

Methods: We included 2720 participants of the population-based Rotterdam Study aged 60 or older (median age 70 years, 53% women), who had their gait assessed between 2009 and 2019, using GAITRite®. We used principal component analysis to summarize 30 gait variables into 7 domains and averaged these domains into a global gait assessment. Higher values indicated better gait (higher speed, cadence and swing phase, lower variability). Incident fracture was assessed through continuous monitoring of medical records until 2023. We used Cox proportional hazards models adjusted for age, sex, height and T-score to obtain standardized hazard ratios (HR) for incident fracture of any type.

Results: Of all participants, 1691 (62%) had subjective cognitive complaints, of whom 247 (15%) fulfilled criteria for mild cognitive impairment (MCI). During a median follow-up of 1.7 years, 103 individuals had a fracture, predominantly involving the wrist (20), hand (14), hip (12) and vertebra (12). Better global gait was associated with decreased risk of fracture (HR=0.82; 95%CI=0.68-0.99), most notably for shorter step time (Rhythm domain) and, to a lesser extent, gait speed (Pace domain). Associations were stronger in individuals with cognitive complaints than in those without (HR=0.79; 95%CI=0.62-1.00; versus HR=0.88;

95%CI=0.63-1.24). At the conference, we will present additional results with extended, 10-year follow-up, including subgroup analyses for MCI.

Conclusion: Global gait is associated with risk of fracture in community-dwelling individuals, particularly in those with cognitive complaints. Our findings highlight the importance of motor function assessment alongside cognitive status, with potential added value of comprehensive gait examination beyond gait speed alone.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-13 - Cognitive & Mental health improvement through Eligence platform

Nikoletta Geronikola[1], Panagiota Zoi[1], Meropi Kalimniou[1], Xanthi Arampatzi[1], Nikos Skoulikas[2], Despina Psimaris[2], Patra Blekou[1], Paraskevi Sakka[1]
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Introduction: This pilot aimed to assess improvement, cognitive or mental, through baseline and follow-up assessment and user acceptance of the Eligence web-based platform, integrated with the PHARAON Hub. Eligence supports health professionals to offer personalized brain training through games and activities designed by experts and continuously updated.

Participants: 118 participants had been recruited from Daycare centers of Alzheimer Athens Association, separated into 2 groups: experimental (61) and control (57). The inclusion criteria were age>65 years, education>9 years, good vision/hearing capacity, diagnosis of normal cognition following neurological and neuropsychological evaluation.

Methods: All underwent (at baseline and at the end) a basic evaluation of major cognitive domains, with the use of **Mini Mental State examination** (MMSE) and completed 2 questionnaires: **EuroQoL-5 Dimensions-3 Levels** (EQ-5D-3L) and **UCLA Loneliness Scale version 3**. The **SUS user acceptance questionnaire** was given only to participants of the experimental group who experienced Eligence.

Results: The groups were comparable as only the variable age showed that the control group was younger (p<.001). The experimental group showed significantly better mobility, less pain and discomfort and better total score on the eq-5d-3l and felt more outgoing/friendly compared to the control group. The % of perceived health and the MMSE score significant difference between the two groups in baseline, disappears in the final

phase, showing better results for both variables for the experimental group. Moreover, the experimental group showed significant higher % of perceived health and less pain/discomfort at follow-up compared to baseline. Concerning the SUS questionnaire, more than 51% consider the experience as Excellent or Good.

Conclusion: The use of technology is the future of cognitive training, especially for next generations of older persons. It is accessible to all, easy to use and gives the opportunity to healthcare professionals to follow the progress of their patients.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-14 - Modifiable risk factors for dementia and changes in cognitive performance – Results from the population-based LIFE-Adult-Study

Andrea Zülke[1], Melanie Luppa[2], Susanne Röhr[2], Ronny Baber[2], Kerstin Wirkner[2], Samira Zeynalova[2], Milica Matijevic[2], Silke Zachariae[2], A. Veronica Witte[2], Matthias L. Schroeter[2], Arno Villringer[2], Christoph Engel[2], Markus Löffler[2], Steffi G. Riedel-Heller[2]
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Background: Potentially modifiable risk factors contribute to cognitive decline and dementia, suggesting room for risk reduction by modification of lifestyle- and health-related factors. Dementia risk scores provide useful tools to identify probable at-risk individuals. Studies using population-based data from Germany on associations between modifiable risk factors for dementia and changes in cognitive performance are scarce. We aim to describe associations between modifiable dementia risk factors, using the Lifestyle for Brain Health (LIBRA)-index, and changes in cognitive performance in a large, population-based sample from Leipzig, Germany.

Methods: Using baseline and follow-up data from the LIFE-Adult study (n = 1.580, age: 40-80 at baseline), we will investigate relationships between LIBRA, comprising 12 modifiable risk/protective factors for dementia, and changes in cognitive performance and brain markers of cerebral vascular disease. Higher LIBRA-values at baseline (higher dementia risk) are assumed to be associated with a greater decline in cognitive performance at follow-up and an increase in brain markers, e.g., white matter lesions. Furthermore, it is assumed that other socio-demographic factors (e.g. education, employment status) can partly explain changes in cognitive performance. Domain-specific cognitive tests (e.g. verbal fluency test, trail making test, etc.) are used as outcome variables. Associations between LIBRA-score and cognitive performance will be analyzed using generalized linear regression models, controlling for covariates.

Results: Results are currently being analyzed and will be presented at the 35th Alzheimer Europe conference.

Conclusions: We will provide insights into longitudinal associations between modifiable dementia risk factors and changes in cognitive performance, using data from a population-based sample of adults from Germany, enhancing our knowledge on the role of lifestyle and pre-existing conditions for cognitive performance in ageing. Using MRI-data, we will further contribute to a deeper understanding of the role of brain markers in explaining the relationship between modifiable risk factors and cognition.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-16 - One-Year Outcomes of a Targeted Multidisciplinary Intervention for Intracranial Atherosclerotic Disease: Toward the Prevention of Cognitive and Physical Decline

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Background: Intracranial atherosclerotic disease (ICAD) is an important yet frequently underrecognized cause of vascular cognitive impairment and physical disability. Despite standard management of vascular risk factors, outcomes remain suboptimal, underscoring the need for targeted interventions addressing the specific pathophysiology of ICAD. This study aimed to evaluate the feasibility and efficacy of a structured, multidisciplinary intervention designed to prevent cognitive and physical decline in patients with established ICAD and high cerebrovascular risk.

Methods: We conducted a prospective multimodal intervention study involving 103 patients with ICAD and neurological symptoms suggestive of elevated cerebrovascular risk. Participants underwent individualized risk assessment and multidisciplinary evaluation during a structured five-day hospitalization. The care team included specialists from neurology, internal medicine, traditional Chinese medicine, pharmacy, nutrition, nursing, and social work. Interventions focused on early detection and management of cerebrovascular pathology. Primary outcomes included changes in the National Institutes of Health Stroke Scale (NIHSS) and the Barthel Index (BI). Secondary outcomes comprised patient-reported quality of life, knowledge of cerebrovascular risk factors, health-related behaviors, and satisfaction.

Results: Participants (mean age 70.4 ± 9.9 years; 69% female) presented with symptoms such as dizziness (52.4%), limb weakness (24.4%), facial palsy (4.9%), gait disturbance (3.7%), and numbness (2.4%). Vertebrobasilar artery pathology was the most common anatomical finding, including vertebrobasilar insufficiency (18.9%) and vertebral artery stenosis (right: 18.9%; left: 7.3%). NIHSS scores improved by an average of 2 points, and BI increased by 1.4 points. Patients demonstrated enhanced cerebrovascular knowledge, improved self-management behaviors, and a high satisfaction rate (92.5%).

Conclusion: Our findings indicate that targeted, multidisciplinary interventions addressing ICAD may represent an essential strategy for the prevention of vascular dementia and stroke-related disabilities in persons at high cerebrovascular risk.

Keywords: brain health, cerebrovascular risk factors, cognitive impairment, dementia prevention, intracranial atherosclerotic disease, multidisciplinary care, patient-reported outcomes, physical impairment, Traditional Chinese medicine, vascular dementia



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POS15-17 - The pilot Geneva Brain Health Services for the prevention of dementia (dBHS) program: patients' feedback and baseline data

Federica Ribaldi, Augusto J Mendes, Ozge Sayin, Laurene Pereira, Giovanni B Frisoni
University of Geneva

Over four years, the European Task Force for Brain Health Services (dBHS) developed innovative dementia prevention services targeting cognitively unimpaired individuals at high risk of dementia. The dBHS complements existing memory clinics through risk assessment, communication, risk reduction, and cognitive enhancement - the 4 pillars of dBHS. The Geneva Memory Center initiated a pilot program in June 2024. This abstract presents baseline data and participant satisfaction with the first two pillars. Ten cognitively unimpaired participants (mean age: 63 years; 70% female) joined the dBHS after standard memory clinic evaluation. Demographic, clinical, neuropsychological data, sleep quality, and blood samples were collected. Scales assessed the 14 dementia risk factors defined by Livingston et al. (2024). Participants provided feedback on risk assessment and communication sessions.

Participants had high educational levels (mean education: 16.3 years), good physical health, and high physical activity levels. Mean BMI was 23.4, with no obesity, hearing loss, traumatic brain injury, diabetes, hypertension, alcohol abuse, or social isolation; one participant had hypercholesterolemia, and one was a smoker. Mood assessments indicated borderline anxiety in three participants, mild anxiety in one, and borderline depression in one participant. APOE genotyping revealed seven participants with an e3e3 genotype and one with e4e4. Participants responded positively, clearly understanding the protocol, its purpose, and subsequent steps, expressing satisfaction, comfort, interest, and motivation toward the risk reduction program. This pilot highlights the feasibility of a structured dementia prevention program, with high participant satisfaction suggesting strong potential

for scaling. Future efforts will expand the cohort, implement interventions, and evaluate long-term outcomes.

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POS15-19 - Active ageing policy and practice: understanding the unique experiences of participants with MCI in a dementia prevention intervention.

Christine Carter[1], Christine Carter[2], Claudia Cooper[2], Penny Rapaport[3], Paul Higgs[3]
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Background: Active ageing for memory difficulties and mild cognitive impairment (MCI) is based on the premise individuals do not have dementia but are at risk of developing it. It draws on hope and anticipation of maintaining cognitive function and avoiding decline. These individuals are influenced by discourses around diagnosis, dementia risk, and prevention, framing age-related memory issues as problematic and modifiable risk factors (Lancet 2024), as personal responsibilities. Active ageing requires lifestyle changes, prompting self-reflection on personal responsibility. This study explored participants experiences within APPLE-tree (Active Prevention in People at risk of dementia through Lifestyle, bEhaviour change and Technology to build REsiliEnce) an active ageing intervention and how individuals experiencing cognitive symptoms interpret responsibility. (Cooper 2020)

Methods: APPLE-tree recruited 748 participants aged 60+ with cognitive concerns. Using focused ethnography, we observed two 20-week intervention groups. One researcher attended sessions and invited 22 participants to follow-up interviews; 16 agreed. We used abductive analysis—combining deductive and inductive approaches—to interpret both observation and interview data.

Findings: Three interconnecting themes emerged: 1) Becoming an ‘active ager’, 2) Responsibilisation—accountability and obligation, 3) Positionality in active ageing. Societal notions of active ageing shape participants expectations, behaviour and

identity. Older adults with memory difficulties are often viewed as in decline, those in APPLE-tree repositioned themselves as ‘active agers’, responsible for their cognitive health, setting themselves apart from non-participants. However, this created a sense of obligation and pressure to "do something" to prevent dementia. This dynamic differs significantly from active aging interventions for physical health.

Conclusion: Active ageing in the context of cognitive concerns involves complex emotional and social processes. It is not just about information and action, but navigating fear, identity, and responsibility.. This is an under researched area and we provide important insights into understanding the interface between active ageing policy and practice.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-20 - The Role of Vascular Burden and Physical Frailty in Cognitive Deterioration Among Amyloid PET-Negative Individual

Eunye Lim
St.Mary's hospital, The Catholic University of Korea, Seoul

Background & Objectives: Amyloid pathology is a hallmark of Alzheimer's disease, yet some individuals with cognitive impairment experience disease progression despite negative amyloid PET scans. This study aims to identify risk factors for cognitive decline in amyloid PET-negative individuals, focusing on vascular, metabolic, and lifestyle-related contributors.

Methods: We analyzed 108 amyloid PET-negative patients with subjective cognitive complaints from the CoSCo longitudinal cohort study to determine predictors of progression to mild cognitive impairment or dementia. Baseline assessments included white matter hyperintensity (WMH) burden, metabolic factors, physical frailty, and amyloid burden. Cognitive function was evaluated annually for up to 24 months.

Results: Higher baseline WMH burden (both periventricular and deep) was significantly associated with cognitive decline, particularly in attention and frontal/executive functions. Additionally, baseline gait speed abnormalities and reduced hand grip strength were strongly linked to cognitive decline. Notably, baseline amyloid burden correlated with verbal memory decline, even in amyloid PET-negative individuals.

Conclusion: Cognitive decline in amyloid PET-negative individuals may be driven by non-amyloid pathologies, including vascular and metabolic factors. Targeting these modifiable risk factors could be a key strategy for slowing disease progression in this population.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-21 - Hack'a'Brain: Creativity and Science for Alzheimer's and Brain Health Awareness

Elena Subirà, Cristina Maragall, Paula Talero, Nina Gramunt
Pasqual Maragall Foundation

The Brain Film Fest (BFF) is an annual event held in Barcelona since 2018, fostered by the Pasqual Maragall Foundation. In 2025, the BFF launched the first edition of the Hack'a'Brain, an interdisciplinary creative hackathon designed to foster new approaches for communicating about brain health and Alzheimer's disease. Held at the Centre de Cultura Contemporània de Barcelona (CCCB), it gathered 40 students and professionals from the communication, creativity, innovation, healthcare, and science fields to generate ideas for public engagement.

The event focused on three Alzheimer-related challenges, proposed by researchers from the Barcelonaβeta Brain Research Center and the Pasqual Maragall Foundation: prevention strategies (Brain Health Services), the gender gap in Alzheimer's research (Women and Brain Health), and the use of biomarkers for early diagnosis. Guided by 10 scientific, dissemination and creativity mentors, participants worked intensively to develop communication and awareness proposals capable of reaching the general public and families affected by dementia, making complex scientific concepts more accessible, emotional and actionable.

Hack'a'Brain aimed not only to produce transformative projects but also to create a vibrant learning space where disciplines traditionally working apart could converge. It exemplifies a new model for engagement: it promotes creativity as a tool to transform complex scientific knowledge into accessible narratives that resonate emotionally and socially. By fostering dialogue between science and society, this initiative strengthens collective awareness about Alzheimer's prevention, diagnosis and gender-specific research needs.

The hackathon concluded with a public presentation of five innovative projects evaluated by a jury for their originality, feasibility, communicative impact and potential for social change. Its success underlines the importance of participatory, cross-disciplinary approaches in tackling the societal challenges posed by dementia.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-22 - The Orchard Project (UK): A whole community Approach to the early identification of cognitive decline.

Jacqueline Parkes[1], Claire Davies[2], Shirley Plenderleith[3]
[1]The University of Northampton, [2]University of Northampton, [3]North Northamptonshire Council

A unique UK partnership project between a regional (North Northants) County Council and the University of Northampton's Dementia Research and Innovation Centre to form the Orchard Project will be presented. The aim is to assist an existing local community centre to enhance its dementia friendly offer to their local community.

The Autumn Centre already provides an excellent day care programme to people living independently at home, who are showing the early signs of cognitive decline; and they support them until they require more personal assistance and supported accommodation. However, the Centre would like to provide earlier pre-diagnostic or post-diagnostic cognitive interventions and wellbeing support to people in the earliest stages of dementia. To widen the provision offered, the whole project, with integrated PhD Studentship, will work with the Centre's employees and trustees to co-develop, design, and evaluate a 12-month programme of workshops with people with dementia, their carers, staff, trustees and the wider community to explore the barriers to accessing and engaging with local health care and associated services for those effected by a dementia diagnosis.

Local businesses, schools, multi-cultural and faith groups, voluntary and third sector and community organisations will be invited to participate in these workshops to assist with strengthening the community-focused public health messages concerning positive brain health, risk reduction, psychological wellbeing and education, early identification of cognitive decline, and delaying onset through early intervention approaches.

The effectiveness of the workshops in reaching wider community groups will be evaluated and the findings used to inform the development of a regional public health prevention programme delivered by a newly established Community of Practice. Ultimately, the project aims to develop a local community outreach (hub) model that can be 'rolled out' across the region to similar services (Spokes) as a sustainable method of dementia education and support.

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08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-23 - Promoting Healthy Ageing and Dementia Prevention through Community Integration: Evidence from the Ju Guang Healthy Aging and Empowerment Center, Taipei City Hospital

Yu-hsuan Chao, Chien-Liang Liu, Shih-Liang Shih
Taipei City Hospital

Background: Population ageing and the increasing prevalence of dementia present challenges to health systems globally, including Taiwan. In response, Taipei City Hospital established the Ju Guang Healthy Aging and Empowerment Center within a social housing project to implement an innovative, people-centered integrated care model promoting healthy ageing, dementia prevention, and social inclusion.

Methods: Using voluntary response sampling, 78 older adults—including healthy seniors, people with dementia, and family caregivers—who participated in the center's programs completed anonymous, semi-structured electronic questionnaires. A five-point Likert scale scored perceived changes in willingness to go out, emotional well-being, and social connections, ranging from 5 ("significantly increased") to 1 ("significantly decreased"). Data were analyzed using SPSS 29.0.

Results: Participants reported high positive changes: the mean score for willingness to go out was 4.74 (SD = 0.65), emotional well-being was 4.77 (SD = 0.58), and social connections averaged 4.46 (SD = 0.70). Willingness to go out was moderately positively correlated with emotional well-being ($r = .53$, $p < .001$) and social connections ($r = .49$, $p < .001$); emotional well-being was also correlated with social connections ($r = .33$, $p < .01$). Among participants, 68 reported gaining knowledge and new information, 54 noted improved physical health, and 53 experienced enriched daily routines. Additional outcomes included improved mood, enhanced self-worth, and stronger social ties.

Conclusion: The Ju Guang Healthy Aging and Empowerment Center successfully demonstrates a people-centered integrated care model that enhances cognitive stimulation, physical health, emotional resilience, and social participation among older adults, including those with dementia. This approach offers a sustainable and replicable framework for community-based elderly care innovation, supporting the goals of healthy ageing and dementia-friendly societies. Future research should explore how to expand and deepen community impact, balance service quality enhancement with financial sustainability, and provide more robust empirical evidence to further validate this model.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-24 - PENSA-IMPACT: A co-created adaptation of an evidence-based multimodal lifestyle intervention for dementia prevention in vulnerable populations

Laura Forcano Gamazo[1], Amaia Ayala-Garcia[2], Aida Cuenca-Royo[2], Maria Gomis-González[2], Melina Rojas-Criollo[2], Natàlia Soldevila-Doménech[3], Ana Aldea-Perona[2], Rafael de la Torre[2]
[1]Fundació Institut Hospital del Mar d'Investigacions Mèdiques, [2]Hospital del Mar Research Institute, [3]BarcelonaBeta Brain Research Center

Background: People with low socioeconomic status (SES) face a higher dementia risk but are often underrepresented in prevention studies. PENSA-IMPACT will adapt the evidence-based PENSA multimodal lifestyle intervention (MLI), developed from the FINGER model and shown to improve cognitive outcomes, for vulnerable communities.

Objectives: To co-create and pilot a culturally adapted MLI for dementia prevention in older adults with low SES living in urban areas (Barcelona).

Methods: This mixed-methods protocol includes two phases. First, participatory methods (focus groups and co-creation workshops based on the Participatory Appreciative Action and Reflection model) will adapt the PENSA MLI (diet, physical activity, cognitive stimulation) to community needs, involving end-users, healthcare professionals, public health representatives, researchers, and non-profit organizations. Second, a pilot feasibility trial will implement the adapted intervention with 32 participants aged 60–80 years, with high dementia risk (LIBRA ≥5), MoCA ≥22, and low socioeconomic status (SES <16).

Results: Co-creation activities will identify barriers and facilitators to adherence. The adapted intervention will be implemented stepwise over nine months, progressively integrating diet, physical activity, and cognitive components. Feasibility outcomes include

recruitment, retention, adherence, and satisfaction rates, while secondary outcomes will assess changes in cognition, physical fitness, diet, mental health, and quality of life. It is anticipated that the project will increase community involvement, promote sustainable health practices, and advance knowledge of how to modify evidence-based dementia preventive strategies for vulnerable populations. Findings will inform future large-scale trials and improve dementia prevention access for underserved groups.

Conclusions: The PENSA-IMPACT represents a critical step toward connecting scientific knowledge with community needs by adapting evidence-based strategies for dementia prevention. This protocol underscores the importance of community participation in designing interventions and aligning them with the unique needs of vulnerable populations.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-26 - "PreventDementia": Barriers and facilitating factors affecting lifestyle-based dementia prevention in Denmark. First recommendations!

Rikke Gregersen[1], Rikke Gregersen[1], Tove Lise Nielsen[2], Emina Gültekin[1], Lone Blak Lund[1], Trine Vase Bendtsen[1], Bodil Sørensen[1], Marianne Lyngmose Nielsen[1]
[1]VIA University College, [2]VIA University

Background: Multimodal lifestyle interventions can promote brain health in citizens at risk of developing dementia disease. By intervention of 14 modifiable risk factors, it is estimated that 45% of all future dementia-cases worldwide can be prevented (Lancet Commission, 2024). Despite many countries being involved in dementia preventive strategies, no national authorities have so far offered lifestyle-oriented dementia prevention to Danes at risk.

Aim: The overall purpose of “PreventDementia” (in Danish, “ForebygDemens”) is to develop the first recommendations for dementia prevention in Denmark. The recommendations will be based on results on factors affecting recruitment and implementation of multimodal lifestyle intervention in Danes with Mild Cognitive Impairment (MCI)(Work-Packages (WP) I-III).

Project design The project runs from 1-1-2024 to 1-12-2026.

WP-I collects knowledge from:

- Literature: A scoping review targeted at a Scandinavian context is progressing

- Questionnaire surveys to Danish Memory Clinics, GP`s and municipalities, studying whether and how citizens with MCI are informed and offered preventive efforts
- Danish expert/user panels

WP-II is developing and testing a new group dialogue concept (CST HEALTH) aiming to engage citizens with MCI in healthy lifestyle.

WP-III is feasibility-testing dementia prevention efforts in 4 Danish municipalities in Autumn 2025 using a shortened (3m) FINGER (the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability) programme (Ngandu et al., 2015) engaging approx. 30 citizens diagnosed with MCI. The primary goal is to identify factors that affect implementation including recruitment, dropouts, professional resources used, quality and type of local delivery and doses. The participants' cognitive and cardiovascular health will be measured pre-post, and participant satisfaction and healthy lifestyle adaptation are scored by diaries, questionnaires and interviews.

Results: Primarily, results from WPI will be presented, and these are in progress.

The project is financially supported by Trygfonden, Carelinkfonden and Alzheimer-Forskningsfonden

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-27 - “Potenziamente”, activities for people with SCD

Marcello Galetti[1], Elena Balocco[2], Alberto Laplaca[2], Federica Gallo[3], Katia Castellano[4]
[1]Diaconia Valdese, [2]Diaconia Valdese consultant, [3]ASL TO3 Piemonte, [4]consortium CISS Pinerolese

Introduction: Subjective Cognitive Decline (SCD) refers to an individual’s self-perception of persistent cognitive decline, despite the absence of objective evidence in neuropsychological tests. This condition does not meet the criteria of an objective cognitive impairment, but is increasingly recognized as a potential early symptomatic manifestation of Alzheimer's disease or other dementia, warranting clinical attention and care.

Objective: To prevent or delay the onset of mild or major neurocognitive disorders in at-risk individuals by enhancing cognitive reserve through a multidisciplinary intervention (motor and cognitive) and promoting an active lifestyle.

Materials and Methods: The study involves individuals with SCD, who are assessed for eligibility through neuropsychological assessment (MoCA≥24) and a medical-sports examination. Participants engage in bi-weekly group activities, including aerobic exercise sessions, led by a kinesiologist, followed by cognitive empowerment sessions, structured by a neuropsychologist to maximize the neurotrophic factors produced by physical exercise. Additionally, participants may attend weekly group sessions of adaptive aerial acrobatics, led by a social circus operator. Recruitment will take place at the “Ambulatorio di Neuropsicologia e Psicogeriatria” of Pinerolo (Turin, Italy) and through the local "Palestre della Memoria" project. The initiative is a collaboration between Diaconia Valdese, CISS Pinerolo and ASL TO3, all part of the “Rete Demenze del Pinerolese”.

Expected Results: The program aims to maintain relative clinical stability over time, monitored using MoCA test (1-year follow-up), and to achieve positive effects on psychological well-being and health, evaluated through the PGWBI questionnaire.

Conclusions: This innovative experimental project is part of the broader “IntegralMente” initiative, active in the Pinerolo area, which supports individuals with neurocognitive disorders and/or Parkinson's disease and their families. It represents a significant step forward in brain health and prevention strategies.



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08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-28 - Feasibility, Acceptability and Iterative Development of Online Cognitive Testing and Questionnaire in Mid-Life Women Starting HRT: A Mixed-Methods Pilot Study

Emily Budden[1], Alice Stanton[2], Sam Berens[2], Michael Hornberger[3], Anne Marie Minihane[3], Dorina Cadar[1], Naji Tabet[1], Claire Lancaster[1]
[1]Brighton & Sussex Medical School, [2]University of Sussex, [3]University of East Anglia

Background: Women account for two-thirds of people living with Alzheimer's Disease (AD); however, sex-specific risk factors remain underexplored. Investigating the impact of menopause and Hormone Replacement Therapy (HRT) on mid-life brain health is crucial for understanding AD risk. Remote, independent cognitive testing could facilitate large-scale research, but its suitability must first be established in the target population. This study aimed to assess the feasibility and acceptability of an online questionnaire and cognitive task battery in mid-life women who recently started HRT to inform methods for future research.

Methods: Women (*n* = 31) aged 35-70 who started HRT within the past 18 months were recruited from the general UK population. Participants completed an online self-report questionnaire capturing menopause experience, reproductive and general health, and lifestyle, followed by a 45-minute cognitive task battery assessing domains sensitive to early AD changes, including episodic memory and spatial navigation. All participants provided written feedback, and a subset (*n* = 6) completed semi-structured interviews to provide in-depth feedback. Quantitative feedback was analysed descriptively; interviews and qualitative feedback were analysed using thematic analysis.

Results: Quantitative feedback indicated high acceptability: 93% of participants found completing the cognitive tasks straightforward, and most found the online methods accessible and feasible to complete independently. Participants reported that the

questionnaire reflected relevant menopause experiences and found the cognitive tasks engaging. Qualitative analysis highlighted key themes, including accessibility and usability of online methods, barriers to comprehension, suggestions for task and questionnaire refinement, and the feasibility of future study plans.

Conclusion: The online questionnaire and cognitive battery were feasible and acceptable for mid-life women using HRT. Feedback identified practical improvements to enhance relevance and ease of completion. These methods will be refined in consultation with participants and experts for use in future research on how menopause and HRT impact mid-life cognition and AD risk.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-29 - Brain health is something we do

Cecilie Lillelund
Alzheimerforeningen

Challenge: Research suggests that lifestyle modifications could prevent up to 45% of dementia cases. However, a previous survey by Alzheimerforeningen highlighted that the Danish public knows little about the impact of lifestyle changes on dementia risk. This highlights the need to inform the public about the protective effects of brain-healthy activities and empower them to take proactive steps for a healthier brain.

Target population: This initiative targets a broad audience, including people with dementia (PWD), their relatives, and the middle-aged healthy population who want to prevent or delay future illness. We have seen strong interest in brain health, as evidenced by high participation in lectures, engagement in social media activities, and survey responses.

Initiatives: Our goal is to provide actionable information for those wishing to prevent dementia or slow its progression. This is achieved through broader communication strategies and targeted initiatives for PWD. Our two core initiatives are:

1. **Campaign on brain health:** We run a comprehensive campaign that educates individuals on evidence-based brain health practices, transforming brain health from an abstract concept into daily habits. The campaign also targets middle-aged people, emphasising that dementia does not only affect the elderly, and that early prevention is paramount. It includes online lectures, knowledge tests, and information on risk factors.
2. **Groups for PWD:** We've developed groups for PWD to practice brain-healthy activities under supervision. A focus on social interaction in these groups not only

contributes to brain health, but also fosters community, thus reducing stigma and potential loneliness.

Findings: Preliminary findings suggest that 1) people respond well to brain health being seen as something you *do* rather than something you *are*, and 2) groups for PWD provide a supportive environment for promoting brain health. These initiatives could transform public perception of dementia prevention for both healthy individuals and PWD.



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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-30 - Engaging local communities in secondary dementia risk reduction: development of a voucher program for memory clinic patients to promote brain-healthy activities

Sophie Wimmers[1], Niels Janssen[1], Veerle van Gils[1], Marissa Zwan[2], Lisa Waterink[2], Judith Jelsma[2], Marjolein De Vugt[1], Ron Handels[1], Sietske Sikkes[2], Wiesje van der Flier[2], Kay Deckers[1], Sebastian Köhler[1]
[1]Maastricht University, [2]AUMC

Introduction: Dementia risk reduction through lifestyle modification has considerable potential, but such interventions are currently limited in routine clinical care, and further evidence is needed to support broader implementation. The *Lifestyle Intervention in the memory clinics of General and academic Hospitals Trial (LIGHT)* examines the (cost-)effectiveness of a 1-year lifestyle intervention in a memory clinic setting. LIGHT introduces a voucher program offering patients with memory complaints access to brain-healthy activities from community partners in the South of the Netherlands and greater Amsterdam region.

Methods: In the intervention group, participants discuss their individual risk profiles and create personalized goals supported by a lifestyle coach, online educational platform, and vouchers for local services. Each participant receives six vouchers, valued at 50 euros each, over a period of one year. The voucher program, co-developed with local organizations, aims to stimulate participants towards a brain-healthy lifestyle. Potential partners were approached directly or through networks to explore collaboration. Local partners ensure offers are relevant and accessible.

Results: Currently, over 20 voucher partners already joined and provide access to activities across multiple domains: physical activity, social connection, cognitive engagement and healthy nutrition. Voucher partners were selected for diversity across dementia risk reduction domains and regional coverage. Digital newsletters keep partners informed and

promote collaboration. Examples include group lessons in swimming pools, dance workshops, museum visits and vegetable boxes from local farms. More voucher partners are expected to join as the intervention continues until summer 2027. Both qualitative and quantitative data are being collected to assess feasibility and participants' experience.

Conclusion: The LIGHT voucher program offers an innovative model for cross-sectoral, indicated (secondary) prevention of dementia that connects hospital-based care with regional community resources. It supports individuals with memory complaints in adopting brain-healthy lifestyle changes. Further evaluation will determine its long-term effects and potential for wider implementation.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-31 - Primary prevention programme for dementia: exploratory study 2025 in Montpellier

Christine Tabuenca[1], Alain Berard[2]
[1]fondation mederic alzheimer, [2]FONDATION MEDERIC ALZHEIMER

Today, 14 modifiable risk factors for dementia have been identified, and controlling them would theoretically reduce the number of people living with dementia by 45%. In addition, delaying the onset of the disease by 5 years would reduce the number of people with dementia by 41% and costs by 40%.

The FINGER programme (Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability 2009-2014) has shown that multi-domain interventions are effective in prevention.

The aim of the PREVALZ (PREvention ALZheimer) programme is to test in France a FINGER-like programme (including care for depression, hearing loss and vision loss) adapted to the French context.

In preparation for PREVALZ, which will be implemented in three cities in 2026, a trial will be carried out in the city of Montpellier in 2025 with 100 participants. They will be aged 60 years or older, without clinical signs of dementia (ICOPE Step 1 criteria), but at high risk of developing dementia (CAIDE score ≥ 6 and/or family history of Alzheimer's disease). Depending on their needs, defined after a prevention assessment, participants will be able to attend physical activity sessions (alternating between group and individual sessions) and/or nutrition sessions (dietary assessment and cooking workshops) and/or cognitive stimulation sessions (group workshop and individual digital tool) within a flexible pool of 36 sessions over 6 months.

A digital platform will be used throughout the programme to allow participants to do fun exercises between sessions. The general practitioner is responsible for cardiovascular prevention as usual. Activities to encourage social interaction will be provided by local cultural and sports organisations. A motivational assessment will be carried out with the participants every two months, leading to motivational support if needed. The experiment is funded by the Fondation Médéric Alzheimer.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-32 - Capacity to increase cerebral perfusion during cognitive testing is associated with better cognitive performance in older people. The Mind Your Heart Study

Louise Goodall[1], Samuel Samuel Van Bohemen[2], Perminder S Sachdev[3], Henry Brodaty[3], Jason Kovacic[4], Katherine Samaras[1]
[1]Garvan Institute, [2]Nuroflux, [3]Centre for Healthy Brain Aging, University of New South Wales, [4]Victor Chang Cardiac Research Institute

Background: Lower cerebral blood flow (CBF) is associated with faster declines in cognitive function, particularly in dementia. In vivo assessment of CBF is challenging and is often limited to static measures. The Nuroflux device is a novel, non-invasive, wearable device that continuously measures the Electrocardiography Brain Perfusion Index (EBPi), a proxy for CBF. This pilot study examined (i) CBF changes during a cognitive test and (ii) the correlation between these dynamic CBF changes and cognitive performance.

Methods: The Sydney Memory and Aging Study 2 is an observational study investigating cognitive function in older, community-dwelling participants. In the Mind-Your-Heart substudy, a subset (n=30) wore the Nuroflux device while completing a cognitive task, the Montreal Cognitive Assessment (MoCA). EBPi measures were obtained at baseline and continuously throughout the MoCA. The MoCA scores and the mean, minimum, and maximum EBPi scores were evaluated.

Results: The mean age was 77.1±4.5y, (70–89y). 47.5% participants were female. The mean MoCA score was 26±5 (range 20–30). The mean EBPi maximum during the MoCA was 4.1±3.1 (range 0.0–9.9). EBPi maximum demonstrated a significant, positive correlation with MoCA scores (r=0.43, p=0.02).

Conclusion: Cognitive test performance increases CBF. Participants with higher MoCA scores had greater increases in CBF as measured via EBPi. Longitudinal studies to further

examine the capacity of enhanced cerebral perfusion on cognitive trajectory are awaited. Novel in vivo measures of CBF during different physical and cognitive activities may reveal insights into how vascular function and cerebral perfusion contribute to brain ageing and pathologies such as dementia.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-33 - Getting to the heart of brain ageing: arterial stiffness is associated with lower cognitive performance in older people in The Mind-Your-Heart Study.

Louise Goodall[1], Audrey Adji[2], Perminder S Sachdev[3], Nicole A. Kochan[4], Jason Kovacic[2], Henry Brodaty[4], Katherine Samaras[1]
[1]Garvan Institute, [2]Victor Chang Cardiac Research Institute, [3]Centre for Healthy Brain Aging, [4]Centre for Healthy Brain Aging, University of New South Wales

Introduction: Vascular ageing contributes to all forms of dementia. Age-related arterial stiffness increases the pulse pressure, enhancing the impact of hypertension in the cerebral vasculature. In-vivo arterial stiffness measures can be obtained non-invasively by measuring the carotid-femoral pulse waveform (cfPWV). Our aim was to determine relationships between arterial stiffness and cognitive performance in older people.

Methods: The Sydney Memory and Aging Study 2 is a longitudinal study in community-dwelling, dementia-free individuals. A subset (n=139) underwent arterial stiffness measures using applanation tonometry (SphygmoCorTM). Comprehensive neuropsychological assessment included tests of: (i) attention and processing speed (Digit Symbol-Coding test [DSCT] and Trail Making Test Part A [TMT-A]); (ii) memory (Logical Memory Story A- and B immediate and delayed recall and Benton Visual Retention Test); (iii) language (Boston Naming Test); (iv) visuospatial function (Block Design); (v) executive function (Trail Making Test Part B [TMT-B]). Global performance by Mini-Mental State Examination (MMSE); additionally, the National Adult Reading Test (NART) as a measure of pre-morbid intelligence.

Results: The mean age was 76.4±4.5y (51%F). Mean PWV was 7.7±1.8 m/sec. A higher PWV, indicating greater arterial stiffness, was associated with lower performance in memory (Logical Memory Immediate Recall, r= -0.19, p=0.035), attention (DSCT r= -0.26,

p=0.003), language (Boston Naming Test , r= -0.28, p=0.001) and executive function (TMT-B, r=0.18, p=0.042 (for latter higher scores reflect worse performance). Similarly, higher PWV related to lower MMSE (r= -0.27, p=0.002) and higher NART errors (r=0.18, p=0.042). These relationships remained significant after adjusting for age, sex, education, systolic blood pressure, smoking and cholesterol.

Conclusion: Arterial stiffness is associated with worse cognitive performance across multiple domains in an older, dementia-free population, independent of hypertension. The utility of arterial stiffness as an in vivo vascular biomarker enhancing the prediction of cognitive decline in Alzheimer's disease and/or vascular cognitive impairment requires longitudinal studies.

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POS15-34 - Towards a more differentiated view of modifiable dementia risk – Identification of risk profiles in the German National Cohort (NAKO)

Felix Wittmann[1], Susanne Röhr[2], Sebastian Köhler[3], Niels Janssen[3], Melanie Luppa[4], Michael Wagner[5], Luca Kleineidam[5], Klaus Berger[6], Alexander Pabst[4], Steffi Riedel-Heller[4]
[1]Institute of Social Medicine, Occupational Health and Public Health (ISAP); Medical Faculty of University of Leipzig, Germany, [2]Centre for Healthy Brain Ageing (CHeBA), School of Clinical Medicine, UNSW Sydney, [3]Alzheimer Centrum Limburg, Mental Health and Neuroscience Research Institute (MHeNs), Maastricht University, [4]Institute of Social Medicine, Occupational Health and Public Health (ISAP); Medical Faculty of University of Leipzig, [5]Department of Neurodegenerative Diseases and Geriatric Psychiatry, University of Bonn Medical Center, [6]Institute of Epidemiology and Social Medicine, University of Münster

Background: Risk and protective factors for dementia are well-established and multi-domain lifestyle interventions have shown potential for risk reduction. However, effectiveness varies across individuals and subgroups. Most existing research has focused on single risk factors or aggregated scores. A finder graded understanding is needed to improve precision in prevention. The LIfestyle for BRAin Health (LIBRA) index provides a standardized measure of modifiable risk and protective factors. We aimed to identify distinct dementia risk profiles based on LIBRA components.

Methods: We used data of the German National Cohort (NAKO; age 40-75 years, mean age 51.4; 49.4% women) to run Latent Class Analysis (n=106,192) using ten of the 12 LIBRA components as indicators: coronary heart disease, hypertension, diabetes, hypercholesterolemia, depression, obesity, smoking, alcohol consumption, physical

inactivity, low social participation. We subsequently analyzed sociodemographic predictors of class membership and examined class-specific differences in global cognition using a three-step approach accounting for classification uncertainty.

Results: Four distinct class profiles emerged. The largest risk profile (63%) showed low probabilities across all indicators, suggesting a low-risk profile. A second class (16%) was characterized by elevated cardio-metabolic risks (e.g. hypercholesterolemia, hypertension, heart disease, diabetes). A third class (14%) reflected behavioral and psychosocial risk factors, including low social participation, high smoking rates, physical inactivity, alcohol consumption and depressiveness. The smallest class (8%) was defined by obesity and increased hypertension. Results on predictors of these risk profiles and association with cognition will be presented.

Conclusion: The identification of four distinct dementia risk profiles highlights the potential of targeted, profile-based prevention strategies. Stratified prevention may enhance intervention effectiveness and support the development of more precise, impactful public health approaches to dementia risk reduction.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-35 - Imitative performance and functional activation of the Mirror Neuron System in patients within the Alzheimer's Disease continuum during observation of complex actions

Giuseppe Ciullo[1], Antonino Errante[1], Eleonora Sicuri[1], Alessandro Piras[1], Settimio Ziccarelli[2], Alessandro Zilioli[3], Gabriele Busi[3], Livia Ruffini[4], Marco Spallazzi[3], Leonardo Fogassi[1]
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Alzheimer's disease (AD) is the most common cause of dementia. An interesting aspect, poorly investigated of AD, concerns the patients' ability to imitate an observed action, a function underpinned by the mirror neuron system (MNS). In the AD spectrum the MNS appears partly involved, with compensative preservation of the frontal areas in the early stages of Mild Cognitive Impairment (MCI). In this study, we investigated the imitative performance and brain activations during action observation and imitation in patients with clinical and biological diagnosis of MCI due-to-AD or mild AD.

Eighteen patients (8 MCI and 10 AD) underwent neuropsychological assessment and task-based fMRI, during which they first observed (OBS IMI) and then imitated (IMI) complex bimanual action sequences (origami-like paper folding). Passive observation of the same actions (OBS PASS) and of bimanual reach-to-touch actions (OBS REACH) were used as control conditions. Overall, patients showed a sufficient imitative performance (average accuracy=45%), whose scores positively correlated with both their general cognitive state (MMSE scores) and verbal episodic memory scores (DTR - FCSRT). fMRI showed stronger

MNS activation during OBS IMI than during OBS PASS and OBS REACH, especially in the right intraparietal sulcus (IPS) and in the left ventral premotor cortex.

During IMI, activation of primary sensorimotor cortex was evident. Finally, whole-brain regression analysis revealed that activation in the right IPS and fusiform gyrus during OBS IMI predicted imitation accuracy. Thus, imitation ability of complex bimanual actions is spared in patients, especially in those with MCI. In the AD spectrum the MNS is functionally preserved overall. This study could be useful for a better understanding of the neural mechanisms underlying the spared imitative abilities in MCI/AD patients. These findings also suggest the use of Action Observation Treatment in the early stages of disease, to enhance motor and cognitive aspects slowing down disease progression.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-36 - First insights into the feasibility and efficacy of an Innovative Digital Cognitive Training Protocol for people with subjective cognitive complaints

Marianna Tsatali[1], Xanthi Arampatzi[2], Maria Frounta[2], Maria Karala[2], Maria Lamprini Koula[2], Maria Emmanouela Koutroumpa[2], Myrto Koutsonida[2], Vasiliki Koutzmpi[2], Eirini Spyridaki[2], Panagiotis Alexopoulos[2]
[1]Greek Association of Alzheimer's Disease & Related Disorders, [2]

The Greek Interventional Geriatric Initiative to Prevent Cognitive Impairment and Disability (GINGER) is a six-month multi-level intervention aimed at reducing dementia risk in individuals with subjective cognitive decline (SCD). It includes cognitive training, physical activity, nutritional guidance, stress, depression and sleep management, as well as targeted management of sensory deficits and metabolic and vascular risk factors, based on the findings of each participant's assessment prior to the start of the program. Specifically, 50 older adults over the age of 55 with SCD were enrolled in a digitally delivered cognitive training intervention, which was the only mandatory component of the program. Comprehensive assessment protocols were administered both before and after the six-month duration of the GINGER initiative. The design of the digital cognitive training intervention, along with preliminary results regarding its impact on participants' cognitive performance as well as subjective memory complaints, will be presented during the Conference.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-37 - First insights into the feasibility and efficacy of the mental health-and sensory-components of an integrated intervention for people with subjective cognitive complaints

Panagiotis Alexopoulos[1], Xanthi Arampatzi[2], Panagiotis Felemegkas[2], Violeta Papalexiou[2], Marianna Tsatali[2], Eirini Spyridaki[2], Maria Lamprini Koula[2], Faidra Kalligerou[2], Nikolaos Scarmeas[2], Maria Karataraki[2], Maria Basta[2]
[1]Mental Health Services, Patras University General Hospital, Department of Medicine, School of Health Sciences, University of Patras, Patras, Greece,, [2]

The Greek Interventional Geriatric Initiative to Prevent Cognitive Impairment and Disability (GINGER) is a six-month multi-level intervention for people with subjective cognitive decline (SCD). Following the principles of personalized medicine and relying on the mounting evidence on modifiable risk factors of cognitive decline in aging, ginger focuses on the individual needs of people regarding physical activity, nutrition, stress management, mental health and management of metabolic and vascular risk factors, in addition to cognitive training, in which all beneficiaries participate.

GINGER has been designed by a multidisciplinary team of computer scientists, dieticians, neurologists, physiotherapists, psychiatrists and psychologists. The intervention takes place at different settings, i.e. community-based dementia day care centers, university hospital-based outpatient clinics, university-based laboratories. The design and the first findings regarding the feasibility and the efficacy of the mental and sensory health components of the intervention will be presented.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-38 - Implementing a Primary Dementia Prevention Program in Geneva: Feasibility and Preliminary Outcomes

Laurene Pereira, Christian Chicherio, Giovanni Batista Frisoni, Federica Ribaldi
HUG - Hôpitaux Universitaires de Genève

As the global population ages, dementia becomes a critical public health concern. According to the 2019 Global Burden of Disease Study, 50 million people worldwide currently live with dementia—a figure projected to reach 152 million by 2050. In response, the World Health Organization has prioritized dementia prevention. Recent evidence suggests that up to 45% of dementia cases are attributable to fourteen modifiable risk factors, including social isolation, low levels of education, physical inactivity, and cardiovascular health issues, highlighting the potential of targeted preventive interventions.

This study proposed a structured primary prevention program for the general population aged from 50 and above. The intervention included seven interactive workshops aimed at raising awareness of dementia prevention strategies, promoting evidence-based lifestyle changes, and fostering community engagement. The workshops focused on three core pillars: continued education, cognitive training, and social engagement. Sessions covered essential aspects of aging, including distinctions between physiological and pathological aging from cognitive, psychological, and physical perspectives, along with the role of physical activity and nutrition.

To evaluate participant satisfaction and perceived impact, a questionnaire was completed after the workshop series. Key domains included feasibility, knowledge acquisition, cognitive self-perception, and motivation for lifestyle changes. Follow-up assessments at 3 and 9 months used the same questionnaire to evaluate longer-term outcomes.

Among 41 participants, baseline data showed 94% satisfaction with the workshop's feasibility, and 98% found the content informative for dementia prevention. Additionally, 88% reported reduced concern about age-related memory decline, and 85% indicated the program supported changes in their daily life. Abstentions and negative responses (1% to 13%) were primarily linked to the program's limited duration and technical difficulties with computerized cognitive training.

This pilot initiative demonstrates the feasibility of a structured, evidence-based primary prevention program and its potential to enhance awareness and empower participants with tools to support dementia prevention.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-40 - Differences in Functional Abilities among Elderly Individuals with Mild Cognitive Impairment and Healthy Controls: A Systematic Review

Yufei Zhang, Latha Velayudhan, Zunera Khan, Anna-Katharine Brem
King's College London

Background: Early functional changes, particularly in Instrumental Activities of Daily Living (IADLs), often precede the onset of dementia in individuals with Mild Cognitive Impairment (MCI). Existing reviews frequently combine cross-sectional and longitudinal evidence, limiting insights into the progression of functional decline over time. This systematic review aims to synthesize longitudinal data comparing functional abilities between elderly individuals with MCI and cognitively healthy controls (HC), focusing on changes in IADL performance.

Objectives: To examine differences in baseline IADL scores between individuals with MCI and HC.
To assess how IADL scores change over time among individuals with MCI compared to HC.

Methods: Following PRISMA guidelines, we will conduct a systematic search across MEDLINE, EMBASE, PsycINFO, and CINAHL for peer-reviewed longitudinal studies published from 1990 to February 2025. Eligible studies will include participants aged 65 and above with MCI or HC, assess IADL outcomes, and have a minimum 6-month follow-up. Cross-sectional studies, non-peer-reviewed papers, and non-English articles will be excluded. Two independent reviewers will independently screen studies, extract data, and assess risk of bias using the Newcastle-Ottawa Scale. Data will be extracted on study characteristics, diagnostic criteria for MCI, IADL assessment tools, sample characteristics, and outcome measures. A random-effects meta-analysis will be conducted if data allow. Otherwise, a narrative synthesis will be provided. Subgroup analyses (e.g., type of IADL

tool, length of follow-up) and sensitivity analyses will explore heterogeneity. The GRADE approach will evaluate strength of cumulative evidence.

Expected Results: We anticipate identifying longitudinal patterns of functional decline in MCI relative to HC, highlighting early markers of cognitive decline. This will inform strategies to delay functional and cognitive deterioration, promote independence and quality of life.

Conclusion: This review addresses a critical gap by exclusively analyzing longitudinal evidence on IADL performance in MCI. Findings may guide early interventions, clinical decision-making, and dementia prevention efforts.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-41 - “Brain Walking Green” A pilot study on a preventive protocol of combined physical activity and cognitive stimulation in a group of older adults coming from Marche.

Susanna Cipollari[1], Silvia Mastromarino[2], Ludovica Capponi[3]
[1]Afam Alzheimer Uniti Marche Odv, [2]Università di Parma, [3]Cambiamenti Impresa Sociale Srl

The present work aims to test the efficacy of a preventive intervention protocol consisting in multiple sessions of combined cognitive stimulation and Nordic Walking training within a group of healthy elders coming from central Italy (Macerata, Marche). The program is called: “Brain Walking Green”, and it strives to improve cognitive performance, quality of life, physical wellness, satisfaction of the present living status and, in general, well-being. Methods. Subjects coming from the central Italy (Macerata, Marche) followed 90 minutes of intervention two times per week across a month. It consisted of 45 minutes of Nordic Walking training and 45 minutes of cognitive stimulation tasks.

Pre and post-operative evaluations were carried out using 7 tools, aimed at evaluating general cognition, health and quality of life (QoL): 1) Addenbrooke’s Cognitive Examination (ACE-R); 2) Cognitive Reserve Index questionnaire (CRIq); 3) Free and Cued Selective Recall Reminding Test (FCSRT); 4) Geriatric Depression Scale (GDS); 5) World Health Organization Quality of Life Scale (WHOQOL-BREF); 6) Short Form Healthy Survey (SF-12); 7) Motivation for Change - Physical Activity (MAC2-AF). Physical state was assessed with the following tools: 1) Tinetti scale; 2) Conley scale; 3) 6-minutes’walk test, adapted for this study testing 1 minute only.

The study included an inactive control group (n = 11). Results. Cognitive outcomes resulted to be significantly modified by the intervention. Significant improvements were reported in

general cognitive performance in the experimental group, while memory performance resulted to be improved in both experimental and control group. Post-training blood pressure values resulted significantly decreased only in the experimental group. Discussion. Even if there were not reported significant differences between pre and post intervention, participants revealed themselves as more confident and engaged after the protocol. General mood, trust, and self-awareness raised at the end of the intervention.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-42 - Long-Term Antihypertensive Use and Blood Pressure Control Are Associated with Reduced Dementia Risk in a Large Population Cohort

Matthew Bracher-Smith[1], Valentina Escott-Price[1], Zameel Cader[2]
[1]Cardiff University, [2]University of Oxford

Dementia and hypertension are both major challenges in global health, yet the relationship between antihypertensive use, blood pressure (BP) control and subsequent dementia risk remains unclear. Using longitudinal data from the Secure Anonymised Information Linkage (SAIL) Databank, we conducted a retrospective-prospective cohort study of individuals diagnosed with primary hypertension aged ≥45 years over a 20-year period.

Diagnoses were obtained from linked hospital and GP records. Medication from three drug classes (ACE inhibitors, angiotensin receptor blockers, and calcium channel blockers) and post-treatment BP measurements were extracted from linked GP and hospital records, where each BP measurement was tied to a preceding prescribing event. Cox proportional hazards models were used to estimate associations with all-cause dementia, adjusting for sex, deprivation, and comorbidity burden. Among 59,915 individuals (mean age at hypertension diagnosis 73.3 years, 52.4% male), we observed 6,079 dementia cases over follow-up.

Exposure to each antihypertensive class, as number of prescriptions or years on a medication, was independently associated with reduced risk of all-cause dementia. Controlled BP following antihypertensive use was significantly associated with a reduced risk of subsequent dementia at each timepoint, with long-term (5 years or more after initiating treatment) BP control showing slightly stronger effects. Joint models incorporating both medication exposure and blood pressure control supported these associations. These findings highlight the potential cognitive impact of continued antihypertensive therapy and long-term blood pressure control in individuals with primary hypertension.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-45 - Implementation of a Brain Health Service for Personalized Stratification and Prevention of Dementia Risk: The B-HEALTH Project – Study Design

Iva Knezevic, Helena Palma Gudiel, Andreea Rădoi, Ana Fernández Arcos, Oriol Grau-Rivera
BarcelonaBeta Brain Research Center

Dementia affects approximately 50 million people worldwide —a number expected to triple by 2050 —posing major challenges to health systems due to its disabling nature and societal costs. Growing evidence supports the effectiveness of preventive strategies, especially those targeting modifiable lifestyle and vascular risk factors. This led to emerging models such as Brain Health Services (BHS), focused on early identification and risk reduction in cognitively unimpaired individuals at increased risk, such those experiencing Subjective Cognitive Decline (SCD).

This study aims to evaluate the feasibility and impact of implementing a BHS in a real-world clinical setting with 120 SCD patients from the Hospital del Mar, Barcelona, Spain. The intervention combines personalized multimodal strategies; including lifestyle counseling, cognitive stimulation, nutrition, physical activity, and digital health tools, tailored to each patient's risk profile.

Key objectives include:

1. Assessing feasibility by measuring recruitment (>50%), adherence (>50%), and retention (>80%) rates.
2. Evaluating the psychological impact of dementia risk disclosure, through comparisons of anxiety and depression (HADS-A, HADS-D) across control and intervention groups, and risk perception (IGT-AD) across dementia risk strata in the intervention group.

3. Comparing cognitive and lifestyle outcomes between intervention and control groups. The impact of the intervention will be measured by assessing changes from baseline to six months in lifestyle behaviour, risk factor control, and cognitive function.
4. Examining associations among LIfestyle for BRAin health (LIBRA) index scores - a composite index that quantifies an individual's modifiable risk for dementia based on lifestyle and health factors, and APOE status, plasma Alzheimer's Disease biomarkers and cognitive trajectories.
5. Profiling (non)modifiable risk factors within the SCD cohort.

By bridging the gap between evidence and clinical implementation, this study aims to validate BHS as a sustainable model to reduce dementia risk, empower at-risk individuals, improve quality of life, and lower the future economic burden.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-46 - Low prevalence of dementia – a reflection of healthy ageing or an indication on insufficient diagnostic coverage?

Erika Boman, Sarah Åkerman , Birgitta Olofsson
Åland University of Applied Sciences

Background: Åland, an autonomous island community in western Finland, has the highest life expectancy in Europe and reports the lowest morbidity index in Finland—including the lowest prevalence of dementia in national official statistics. It is being questioned whether the statistics reflect reality. The aim was to explore differences in dementia related characteristics among the older population in Åland with a demographically similar region, Ostrobothnia, in mainland western Finland and Västerbotten in northern Sweden, where the reported prevalence of dementia is higher than in other parts of the country.

Method: Survey data from The Gerontological Regional Database (GERDA) 2021/22 was used to compare descriptive data collected in Åland, Ostrobothnia and Västerbotten (n=8984). The questionnaire included questions related to health and wellbeing, from which dementia-related questions were chosen for the abstract at hand.

Results: The participants on Åland have the significantly lowest percentage of low education (9 y or less) (22%) and low income (<1500 net income/month) (37%). They also had the lowest prevalence of diabetes (12%) and cardiovascular diseases (61%), however the greatest percentage of physician attendance (65% visited a physician during the last year). A significantly higher percentage of the participants in Åland (47.0%) experienced having a bad memory.

Conclusion: The results indicate that it is likely that the population of Åland have a low prevalence of dementia explained by socioeconomic and health-related preventive factors.

Limited diagnostic coverage remains a potential contributing factor. The results, including the examination of the prevalence of dementia, will be followed up in the GERDA home visit survey.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-49 - Virtual Reality Exergame Requirements for Physical Activity and Cognitive Stimulation.

Fan Zhang[1], Luis Quintero[2], Donald McMillan[2]
[1]City University of Hong Kong, [2]Stockholm University

This research explores how requirements for elderly users of virtual reality (VR) exergames can be effectively designed and validated through practical implementation. The project centers on the development and evaluation of VR mini-games to test the feasibility of a set of design requirements for promoting physical activity, cognitive stimulation, and user engagement both for preventative interventions with sedentary adults, and capability maintenance with older adults. These requirements were collated from literature on exergames and other interventions targeted at People with Dementia (PwD).

A series of VR mini-games were further developed for two contexts: analyze relaxation potential during work breaks, and encourage full-body movement and coordination. The tasks to promote physical activity included collecting objects at varying heights. For instance, collecting eggs from a henhouse requiring bending and lower-body engagement, picking high up apples with a pitchfork to encourage stretching and upper-body motion, drawing water from a well to simulate circular arm motions, catching falling fruits in baskets, and tossing apples into a virtual cornhole for coordination. A memory game to stimulate cognitive activity required players to recall a sequence of objects and apply rock-paper-scissors logic to disappear the objects with spray bottles.

Two studies were conducted with 36 working-age adults and 10 elderly participants in an assisted-living facility. Data collection included quantitative user experience metrics, interviews, and observations. Results showed differing interactional goals across demographics: younger adults valued engagement and clarity of task, while older users emphasized simplicity, realism, and emotional resonance. Challenges with hand tracking point to value in designs that embrace technological limitations rather than obfuscating

them, and motion-interaction misunderstanding point to an opportunity for the development of a vocabulary of physical interaction techniques.

We offer actionable design guidelines for developing accessible and effective VR wellness tools, demonstrating the importance of iterative, user-centered development across varied age groups.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-50 - Empowering Lifestyle Change for Dementia Risk Reduction: Evaluation of the Brain Health Coaching Programme

Ailin Chen[1], Vivien Swanson[2], Helen Skinner[3], Joanna Crispell[4]
[1]Alzheimer Scotland- Brain Health Scotland, [2]University of Stirling, [3]Brain Health Scotland-Alzheimer Scotland, [4]Brain Health Scotland-alzheimer Scotland

Background: While awareness of modifiable dementia risk factors is growing, many individuals struggle to turn knowledge into lasting behaviour change. The Brain Health Coaching (BHC) Programme was developed to address this gap using principles from health psychology and behaviour science. Grounded in evidence-based techniques and models, it offers personalised coaching to support brain-healthy habits. The programme aligns with Alzheimer Scotland's preventative, community-based approach.

Aim: This initial cohort evaluation assessed the programme's impact on psychological readiness, behaviour change, and participant engagement to inform future development.

Methods: Seventeen adults aged 18+ were recruited via self-referral through the Brain Health Scotland website, Brain Health and Dementia Resource Centres (BHDRCs), and community outreach. The cohort reflected real-world dementia risk complexity, including individuals with health conditions affecting brain health (e.g., cardiovascular disease, diabetes, obesity, brain injury), as well as people living with dementia, care partners, those with a family history, and staff. Participants received up to 10 personalised coaching sessions, delivered online or in-person. Core outcomes (knowledge, motivation, confidence, action, goal attainment) were measured at baseline, after the third session, and one-month follow-up. Process and feedback data were also analysed.

Key Findings: Among those completing ≥3 sessions (n=11), 91% achieved at least 80% of their brain health goals; nearly half achieved full completion. Targeted areas included sleep, physical activity, stress, and diet. Statistically significant improvements were observed across psychological domains, particularly action and confidence. Satisfaction was high (9.67/10), with 100% recommending the service. The flexible, person-centred model supported sustained engagement.

Conclusion: Despite the small cohort, this evaluation highlights the BHC Programme's early success in enabling lasting lifestyle change. With ongoing delivery, steady demand, and community referrals, it shows strong potential for broader integration into Scotland's brain health strategy.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-51 - Establishing an innovative drop-in Brain Health Service and Clinic in Scotland: lessons learned

Ailin Chen[1], Hugh Master[2], Sara Di Stefano[2], Shaimaa Elhag[2]
[1]Alzheimer Scotland- Brain Health Scotland, [2]Brain Health Scotland-Alzheimer Scotland

The Aberdeen Brain Health Service (BHS) was launched on 4 December 2023 as Scotland's first Brain Health demonstrator site. Led by Brain Health Scotland, in partnership with NHS Grampian and the Scottish Government, the service aims to integrate brain health promotion within existing healthcare structures. This evaluation assessed the development phase of the BHS, providing key insights to inform future implementation and scale-up across Scotland's NHS boards.

A mixed-methods approach was used, incorporating stakeholder surveys (n=32) based on Normalisation Process Theory (NPT) and qualitative interviews (n=8) to capture experiences of those involved in the service's development. Findings highlight strong motivation among stakeholders, particularly in policy and public health sectors. However, clinical teams faced practical challenges, including capacity constraints and workflow integration issues.

The evaluation identified several barriers to adoption, such as governance ambiguities, funding delays, and infrastructure limitations. Additionally, misconceptions about the service's preventive focus versus dementia diagnosis highlighted a need for clearer communication strategies. Despite these challenges, key enablers supported early implementation, including strong policy alignment, stakeholder trust, flexible service design, and committed project teams.

Lessons from this evaluation emphasize the importance of early engagement with clinical teams, strategic alignment with national health priorities, and robust communication to

address misconceptions. A tiered evaluation approach is recommended to assess short-term engagement, medium-term behaviour change, and long-term health outcomes.

The findings offer practical recommendations for future adopters, emphasizing the need for integrated governance, structured funding, and inclusive stakeholder engagement to ensure the sustainability of Brain Health Services across healthcare settings. This study provides a foundation for refining and expanding brain health initiatives in Scotland and beyond.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-52 - Living in a “Grey Area”: Practices, Attitudes, and Unmet Needs of Patients Without a Dementia Diagnosis.

Rebecca Áilish Atkinson[1], Rowan Souray[1], Elizabeth Ford[1], Daniella Thorn[1], Katherine Sykes[2], Natalie Portwine[3], Atsuko Fujisawa[3], Sarah Edgar[3], Naji Tabet[1]
[1]Brighton and Sussex Medical School, [2]Health Innovation Kent Surry Sussex, [3]SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

Background: Approximately one-third of patients referred to UK memory assessment services are not diagnosed with dementia. There is significant variation in the post-diagnostic information, support, and care for this group, and many are discharged without further support—despite being at higher risk of developing dementia. Evidence suggests that lifestyle changes may reduce this risk, yet the behaviours, needs, and outcomes of this population are poorly understood.

Methods: The NoDem study is a mixed-method, longitudinal study collecting questionnaire data from 387 participants across nine UK sites. All participants received a non-dementia diagnosis (e.g., mild cognitive impairment) within six weeks of enrolment and were followed up one year later. Fifteen participants also took part in semi-structured interviews.

We will use inferential statistics and inductive thematic analysis to examine patients’ immediate and long-term practices, attitudes, and outcomes.

Results: Initial qualitative findings suggest that patients’ difficulties with memory and poor communication by clinicians at diagnosis may contribute to poor recall of both the diagnosis and recommended actions. Uncertainty about the meaning and prognosis of their diagnosis appears to act as a barrier to behaviour change. Even when motivated to change their behaviour, participants may lack the support to sustain lifestyle modification.

Conclusions/Impact: This mixed-methods study offers new insights into an underserved patient group and the challenges they face following non-dementia diagnoses. Findings will inform improvements to health communication and person-centred care within memory assessment services. By addressing gaps in post-diagnostic support and understanding barriers to lifestyle change, we aim to improve clinical guidelines and shape policy for patients at risk of cognitive decline.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-53 - Joint approach to prevention of dementia and stroke within the JADEHealth project

Guido Bellomo[1], Nicola Vanacore[1], Teresa Di Fiandra[2], Tiia Ngandu[3], Jenni Kulmala[3], Jenni Lehtisalo[3], Jochen René Thyrian[4], Iris Blotenberg[4], Grete Kjelvik[5], Kari Midtbø Kristiansen[5], Geir Selbæk[5], Anne Marie Mork Rokstad[5], Elisabeth García[6], Bernardino Morillo Merino[6], JADEHealth-WP7 Working-Group[2]
[1]Istituto Superiore di Sanità, [2], [3]Finnish Institute for Health and Welfare, [4]German Center for Neurodegenerative Diseases, [5]The Norwegian National Centre for Ageing and Health, [6]Fundesalud

Introduction: Under the EU4Health programme, the Joint Action JADEHealth has officially begun, involving 17 countries, 22 Affiliated Entities, and 8 Associated Partners. Among its 10 Work Packages (WP), WP7 focuses on the prevention of dementia and stroke. With this contribution, we aim to present the joint approach, the current status of the project and the next steps on behalf of the whole WP7 working group."

Methods: WP7 aims to characterise prevention strategies for dementia and stroke in the participating countries supporting policies formulation. Four main tasks (T) have been identified to achieve this goal: T7.1) identification and characterisation of prevention strategies; T7.2) collection of epidemiological data on risk factor prevalence and estimation of preventable cases; T7.3) implementation of a pilot intervention to apply best practices in field of prevention; T7.4) definition of key elements for a harmonised approach to monitoring risk factors and interventions.

Results: During the initial months of the project, Tasks 7.1 and 7.2 were launched with a focus on identifying key national and subnational documents, plans, or strategies related to dementia and stroke prevention, and mapping national data collection systems for the

prevalence of known risk factors. As part of T7.1, 17 entities across 10 countries provided information on relevant documents available in their regions. Meanwhile, under T7.2, 11 entities from 9 countries shared details on existing data sources, particularly surveillance systems and representative cohorts, used to monitor risk factors within their populations.

Conclusions: Systematic data collection, coupled with the development of coordinated prevention strategies for dementia and stroke, and their monitoring at both European and national/sub-national levels, could help in enhancing cost-effectiveness by minimizing fragmentation and duplication in prevention planning, also addressing inequities in resource allocation and disparities in terms of population coverage.

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From research to communities - Brain health and prevention

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-54 - Promoting Brain Health across the lifecourse using serious games

Christine Brown Wilson[1], Elizabeth Henderson[1], Gary Mitchell[1], Stephanie Craig[1], Rebecca Townsend[2], Sonya Clark[1], Claire McEvoy[1], Tara Anderson[3], Patrick Stark[4]
[1]Queen's University Belfast, [2]Newcastle University, [3]Queen's University Belfast, UK, [4]Queen's University Belfast UK

Dementia prevalence is projected to triple globally by 2040, highlighting the urgent need for effective primary prevention strategies. Promoting healthy behaviours in childhood may enhance long-term adherence to lifestyle practices that support brain health although midlife also poses risks for dementia.

Therefore we considered a life course perspective in how best to support children and adults in promoting understanding of lifestyle factors that influence brain health to reduce the risk of dementia. Serious digital games (SDGs) offer an engaging and interactive approach to education and behaviour change, yet no SDGs currently exist to promote the understanding of brain health and Dementia Risk Reduction (DRR) in children or adults. Using previously developed Dementia awareness games for children and adults, the team co-designed novel SDG's promoting awareness and understanding of brain health and potential for dementia risk reduction, with children and adults in Northern Ireland.

We undertook two codesign processes: one with children aged 8-11 years from low socioeconomic areas and one with university nursing students who had experience of health promotion with adults resulting in two SDG's. Two Brain Health Questionnaires were developed from previous studies: the Kids Brain Health questionnaire and the Adult Brain Health questionnaire. These questionnaires were completed before and after playing each game. Pre/post-test data were matched and analysed using SPSS (version 29). The Kids

Brain health game demonstrated a statistically significant increase in Kids Brain Health Questionnaire scores.

The Adult Brain Health Game was distributed via social media with preliminary findings showing improved scores from pre- to post test. Both studies demonstrate 'evidence of promise' for early-stage intervention, demonstrating improvement in both children's and adults' awareness of brain health and DRR following SDG gameplay. Further research is required to identify how SDG's might influence in longer term behaviour change positively influencing brain health.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 10:00-15:45 - POS15. Brain health

POS15-47 - Exploring Perceptions and Communication Needs regarding Dementia Risk and Prevention among Dutch Citizens: a focus group study

Selin Agdere[1], Elaine A.C. Albers[1], Esmee Kreuk[2], Dorothee Horstkötter[3], Dominique Paauw[3], Awaale F. Rirash[4], Ellen M.A. Smets[1], Leonie N.C. Visser[1]
[1]Amsterdam UMC, [2]-, [3]Maastricht University, [4]Erasmus UMC

Background: Effective communication of dementia risk is important to empower citizens to take preventative actions. So far, research on dementia risk communication has mainly focused on trials or memory clinic settings. It is still unknown whether Dutch citizens want to be informed about their possible risk, what information they would like to receive and through which channel. Therefore, this study aims to investigate the perceptions, communication needs and preferences of Dutch citizens regarding dementia and dementia risk.

Method: Fourteen focus groups were conducted in different settings, varying from a reintegration support organization to residential care. Participants with different levels of functional health literacy (FHL) were included. Focus groups were audio-recorded, transcribed and thematically analyzed by two researchers.

Results: A total of n=58 participants were included. FHL varied widely, with 44% reporting lower levels of health literacy. Findings indicate large variation in communication needs and preferences.

Core findings were:

1) citizens found the concept of 'brain health' difficult to understand, while 'dementia' was a cohesive construct,

2) citizens had varying awareness of brain health risk factors, and showed scepticism about the impact of lifestyle changes due to beliefs about genetic causes,

3) views on brain health were shaped by personal beliefs, culture and spirituality, with optimism and faith seen as protectors,

4) citizens generally preferred population-level information over individual risk percentages and risk-averse citizens were nevertheless open to receiving information on dementia prevention,

5) citizens generally preferred face-to-face communication when receiving information. Recurring themes include the need for tailored communication strategies to address different engagement preferences.

Discussion: There is a lot of variation in communication needs and preferences. A possible next step could be to develop tailored communication strategies and tools, as this study provides insights for future public health campaigns and research initiatives.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-01 - Scaring the Horses: Harnessing the Power of AI and Agentive Technologies to Support TNB People with Dementia with ADL & Intimacy.

Daithí Clayton[1], James Brown[2]
[1]Self, [2]SuperSense Technologies

Trans and nonbinary individuals with dementia face a unique set of challenges in both care and recognition, with many of their needs and identities marginalized or ignored in traditional dementia research. This abstract presents cutting-edge research aimed at developing AI-driven, agentive technologies to improve the quality of life for trans and nonbinary people living with dementia. In collaboration with Dr. James Brown of SuperSense Technologies, this project seeks to create a groundbreaking in-home dementia monitoring hub that focuses not only on Activities of Daily Living (ADL) but also on agency, autonomy, intimacy, and cognitive stimulation.

The core of this research is to develop an adaptive, inclusive platform that is mindful of distinct needs of trans and nonbinary people—whose experiences of dementia may be compounded by stigma and invisibility in both the LGBTQ+ and dementia care communities. By empowering this often-overlooked group, we aim to shift the paradigm in dementia care, ensuring all individuals, regardless of identity, are recognized, supported, and respected.

The project involves integration of assistive technologies that enables individuals with dementia to maintain their dignity and independence, while also offering personalized, non-intrusive cognitive stimulation and support. Furthermore, we emphasize the role of technology in helping to foster intimacy and agency, allowing trans and nonbinary people to live with greater autonomy and connection. The study also explores the ethical, legal, and social considerations that arise when designing technologies for marginalized communities in the context of dementia care.

This research is vital for opening a dialogue about the intersectionality of dementia and gender identity, with a focus on dismantling the erasure of trans and nonbinary voices in dementia research and care. By amplifying these voices and harnessing the potential of technology, we strive to create a more inclusive, respectful, and personalized approach to dementia care that can benefit all communities.



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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-02 - Evaluating Speech-to-Text Models for Swedish Neuropsychological Assessments: a Comparative Study Across Task Types and Models

Dimitrios Kokkinakis, Herbert Lange, Ricardo Muñoz Sánchez
University of Gothenburg

This study evaluates state-of-the-art speech-to-text (STT) models for full-scale automatic transcription of neuropsychological assessment tests in Swedish. The population in focus are individuals with early signs of cognitive impairment. STT is a key technology for scalable and automated analysis of spoken responses, e.g., cognitive testing.

We tested both *small* and *large* versions of leading STT systems on three core neuropsychological tasks: 1) ***reading aloud*** a Swedish text, 2) ***picture description*** ('Cookie theft'), 3) ***semantic verbal fluency*** (naming animals within one minute). These tasks represent different linguistic and cognitive demands but also challenges for STT – from free speech to basic enumeration of words with no context, which is important to large language models, making them ideal for evaluating both model robustness and, to certain extent, clinical relevance.

Three models, ***OpenAI-Whisper***, ***KB-Whisper*** and ***Stable-TS,*** were assessed on three primary evaluation metrics: ***Word Error Rate***, the percentage of words inconsistently predicted by a model (WER), ***Bilingual Evaluation Understudy***, n-gram overlap with reference (BLEU) and ***Google BLEU***, balanced precision and recall (GLEU). In all tasks, as probably expected, the Swedish *KB-Whisper Large* (trained on 50 000 hours of speech) performed best. Task 1: WER: 0.03%; BLEU 0.93%, GLEU 0.94%; Task 2: WER: 0.27%; BLEU 0.50%, GLEU 0.53%; and Task 3: WER: 0.22%; BLEU 0.66%, GLEU 0.68%. Error analysis shows very low WER in structured speech (task 1) but much higher errors in semi-spontaneous speech (task 2). Models performed best on structured reading but struggled with the semi-spontaneous speech. The evaluation offers concrete guidance on selecting

STT models for Swedish-language clinical and research settings. By mapping model performance to the demands of specific tasks, we outline a framework for integrating AI transcription into screening workflows. The findings underscore the importance of task-sensitive model evaluation and support the development of automated tools for cognitive assessment.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-04 - Attitudes Held by People Experiencing Menopausal Cognitive Symptoms Towards an AI Digital Intervention to Inform Decision Making.

Chris Fox[1], Jane Cross[2], Louise Allan[3], Kat Bradbury[4], Martha Hickey[5], aimee Spector[6], Paul Farrand[3]
[1]University of exeter, [2]University of East Anglia, [3]University of Exeter, [4]Universty of Southamptom, [5]University of Melbourne, [6]UCL

Background: Menopause related cognitive impairment is a common, with prevalence of 30-66% and is one of the commonest reasons for premature retirement related to the menopause. An increasing number of modifiable risk factors for dementia have been recognized and there is controversy regarding Hormone Replacement Therapy and risk. This presents challenges for both professionals and the person themselves trying to navigate support for the menopausal transition. To address this, an artificial-intelligence driven digital platform (Menopause Empowerment Navigational Tool -MENT) could be effective at reviewing evidence-based treatment and support.

Methods: Following consultation with Patient-Public Involvement and Engagement research team members, a questionnaire examining attitudes of people experiencing menopausal symptoms was developed. A free text response box requested perspectives on ways to engage members of groups with diversity, with manifest content analysis identifying emergent categories. Links to an online questionnaire were distributed by a range of menopause focused organizations and employers.

Results: 404 responses were received. 48% of these reported the use of AI to support evidence-informed choice of support to manage menopausal symptoms was ‘Very Acceptable/Acceptable’ and less than 10% thought it unacceptable. Most respondents (79%) considered it ‘Very/Important’ to include human support to introduce and support engagement with only 3% considering it not ‘Important’. Most respondents also considered it ‘Very/Important’ (61%) for family members/friends to be able to access MENT.

Overwhelmingly, 95% considered MENT should accommodate peri-menopausal and menopausal people. Supporting recruitment through advertisements placed in General Practice, Community Pharmacists, menopause related social media sites, places of worship and workplaces were recognised as good approaches to improve recruitment of individuals with diversity.

Conclusions: An AI-driven digital intervention to support people, family members/friends make informed choices during the perimenopausal, or menopausal transition represents an acceptable intervention. This justifies further research regarding development and evaluation of AI support in this population.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-05 - Co-design of an AI-enabled adaptive musical interface for people living with dementia

Michalakis (Michael) Neokleous, Guy Brown, Jennifer MacRitchie
The University of Sheffield

Music-based interventions are progressively being investigated as strategies to maintain quality of life for people living with dementia. Alongside established benefits (e.g., aiding reminiscence), music has the potential to enable non-verbal articulations of autonomy and agency (control and ownership of action), e.g., when playing a musical instrument.

Our UK-wide survey of 42 music facilitators asked how community practices support this perspective. Thematic analysis outcomes were:
i) *We know you, We see you*: person-centred principles underpinning practice, and
ii) *Obvious, intuitive, immediate*: detailing the requirements for agency-supporting activities such as interacting with an instrument or music technology device.

These outcomes have fed into the design, and prototype creation, of an AI-enabled musical interface, JOMI (Jamming cOmpanion for Music Improvisation). JOMI was further developed through iterative consultative co-design and utilizes AI to facilitate musical participation. JOMI uses call-and-response, a musical practice whereby two parties (individuals or groups) exchange short related musical melodies – in this case, one party is an AI musician. JOMI supports interaction, rather than leading it, enabling individuals living with dementia, alone or with a caregiver or partner, to play. An evaluation with 6 pairs of people living with dementia indicates that JOMI's AI should focus on two primary strategies:
i) *Echo*: generate melodies that quote the users' input, allowing them to revisit and develop their own melodies, and
ii) *Elaboration:* generate new melodies that are musically related to but distinct from user input.

The next stage of development will concentrate on refining JOMI's decision-making processes for determining when and how to alternate between these two strategies.

The implication for JOMI and similar technologies is the expansion of music activities for people with dementia, functioning not as assistive technology but as creativity-enabling technology, thereby empowering anyone regardless of prior musical training, to exercise agency within a safe and responsive context.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-06 - Unraveling Early Changes in Alzheimer's Disease with AI: Causal Relationships between Sleep Behavior, Immune Dynamics, and Cognitive Performance

Sophia Krix[1], Neus Falgàs[2], Andrea del Val-Guardiola[2], Sarah Hücker[3], Raquel Sanchez-Valle[2], Kuti Baruch[4], Stefan Kirsch[3], Holger Fröhlich[1]
[1]Fraunhofer Institute for Algorithms and Scientific Computing (SCAI), [2]Hospital Clínic de Barcelona, Fundació de Recerca Clínic Barcelona-Institut d'Investigacions Biomèdiques August Pi i Sunyer (FCRB-IDIBAPS), [3]Fraunhofer Institute for Toxicology and Experimental Medicine ITEM, [4]ImmunoBrain Checkpoint Ltd.

Significant changes in sleep behavior and immune system dynamics occur early in the course of Alzheimer's disease (AD), preceeding pathological alterations in the brain, ultimately leading to cognitive decline. To explore the complex relationships among these changes, we utilize advanced computational techniques and principles of graph theory that integrate and analyze multiple types of data simultaneously, revealing relationships between biological and behavioral factors involved in the disease process. This approach allows us to gain deeper insights into how alterations in immune responses and sleep patterns may interact and contribute to the progression of AD.

Our study named "Early Diagnosis of Alzheimer's Disease by Immune Profiling of Cytotoxic Lymphocytes and Recording of Sleep Disturbances" (ADIS) (https://adis-project.eu/) utilizes single-cell RNA sequencing data from peripheral blood mononuclear cells of 75 participants (25 cognitively unimpaired, 25 with mild cognitive impairment, and 25 with AD). This data enables us to identify specific alterations in immune pathways at the cellular level, which we then embed into a lower-dimensional space using a conditional variational autoencoder. Additionally, we incorporate neuroinflammatory cytokine levels

measured in the cerebrospinal fluid to our understanding of the immune response. We combine these molecular data with questionnaire-based sleep assessments, standardized and app-based tests of different cognitive functions and MRI-derived brain volume measures in a multimodal data fusion approach. We employ a recent analytical nonlinear gradient-based framework to discern the complex relationships between immune dysregulation, brain volume changes, cognitive performance and sleep across different stages of AD.

Our results reveal that the relationships between these factors evolve at various stages of the disease, corroborating earlier findings that suggest a crucial role for the peripheral immune system in the development of Alzheimer's pathology. This understanding opens perspectives for innovative therapeutic strategies, which are currently being investigated in clinical trials by our project partners.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-07 - Effectiveness of Artificial intelligence-aided literature screening approaches: Comparisons with manual screening

Dirk Steijger[1], Stella Thissen[2], Hannah Christie[3], Sil Aarts[4], Hilde Verbeek[4], Marjolein De Vugt[4]
[1]Maastricht University, [2]Radboud hospital, [3]Royal College of Surgeons, [4]Maastricht university

Background: Systematic reviews require rigorous, time-consuming title and abstract screening. Artificial intelligence (AI)-aided tools like ASReview may improve efficiency, but their effectiveness in interdisciplinary evidence syntheses is unclear. This study aimed to assess two AI-assisted approaches within ASReview against manual screening in a literature review on AI's impact on the quality of life for people with dementia. Thereby, this study advances understanding of the practical applicability of AI-aided screening tools in literature screening.

Method: We compared two AI-assisted screening approaches in ASReview against manual screening using 4,690 titles and abstracts from an existing review. Manual screening by one author (DS) served as the "gold standard." The same author screened the abstracts with ASReview Approach A (default settings) and Approach B (custom configuration). Screening stopped after reviewing at least 10% of abstracts from the literature review and 50 consecutive irrelevant abstracts. Performance was assessed by comparing the sensitivity, specificity, precision, accuracy, and efficiency of both approaches against the manual screening.

Results: Manual screening of 4,690 titles and abstracts took 19 hours, identifying 283 potentially relevant studies and 30 final inclusions. Using ASReview, Approach A screened 830 abstracts (17.6%) in 4.3 hours, identifying 45 relevant abstracts (16%) and 17 final studies (56.7%). Approach B screened 798 abstracts (17%) in 5.5 hours, identifying 64 relevant abstracts (23%) and 22 final studies (73.3%). Both AI-aided approaches reduced

screening time, with Approach B more effective at capturing relevant studies, particularly at the full-text level.

Conclusion: ASReview reduced screening time and workload, with both approaches reviewing only ~17% of titles and abstracts. Approach B improved the identification of relevant studies while maintaining low workload. These results demonstrate the potential of AI-aided screening, but highlight needs for thoughtful setup — including algorithm selection, configuration adjustments, and incorporation of prior knowledge — to optimise evidence synthesis in interdisciplinary literature screening.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-08 - Emerging Technologies in Dementia: Learning from Lived Experience and Embracing Unpredictability

Donald McMillan[1], Maarten Houben[2], Jennifer Boger[3], Gail Kenning[4], Wijnand Ijsselsteijn[2]
[1]Stockholm University, [2]Eindhoven University of Technology, [3]University of Waterloo, [4]University of New South Wales

As generative AI media and technologies continue to emerge and evolve, their integration into daily life offers novel opportunities for enhancing well-being. However, people living with dementia (PwD) remain significantly underrepresented in both the research and design.

Recognising dementia as having complex socio-cultural and clinical dimensions is key. From this position we highlight the potential for emerging technologies to promote autonomy, social inclusion, and self-management among individuals with dementia; a shift away from the current narrow focus on only addressing perceived deficits. We show how unpredictability, a central trait of both dementia and AI systems, rather than being a limitation, can be a valuable feature in design. Unpredictability engages with the diversity of dynamic human experiences, interaction design can embrace this by providing a range of possible reasons for an action, rather than just the most probable, or encouraging a range of possible solutions to a problem, rather than just the most efficient. Encouraging diversity of thought and action through technologies benefits society in general, and PwD in particular, by actively including perspectives on a greater breadth of abilities, needs, and preferences.

Through two in-person workshops and bi-monthly online meetings, we identified three key directions to guide future development. We need to: (1) Move beyond over-normalising models of dementia and include diverse and authentic data from PwD; (2) Create AI tools

that empower users with and without dementia to manage daily life, with emphasis on adaptation and universal use to reduce stigma; and (3) Align AI policy with the lived experiences of PwD to foster equitable access and inclusion in the AI ecosystem.

This research is part of The DIGIT project, a JPND working group that brings together computer scientists, design researchers, ethics experts, and engineers from around the world to set future research directions for technology in dementia.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-09 - User-centered approach to improve a phonebot collecting speech data from people with cognitive impairment

Stefanie Köhler[1], Alexandra König[2], Nicklas Linz[2], Frank Jessen[1], Annika Spottke[1], Teipel Stefan[1]
[1]Deutsches Zentrum für Neurodegenerative Erkrankungen e.V., [2]ki elements GmbH

Background: Using artificial intelligence approaches enable analysis of speech biomarkers for Alzheimer's disease and automated assessment for example using phonebot technologies. However, current phonebots often are unsuitable for people with cognitive impairment. Here, we implemented a user-centered design approach (see Figure 1) to evaluate and improve usability of the phonebot "Mili" for automated speech assessments for people with preclinical, prodromal and early dementia.

Method: Within the study PROSPECT-AD, we implemented an automated, phone-based cognitive assessment consisting of three cognitive tasks (Wordlist, Semantic Verbal Fluency, Story Telling). We applied the System Usability Scale (SUS) in all participants and conducted interviews to gain information for improving Mili and adapting it to the users' needs. During the interviews, we focus on affinity for technology and Mili's usability. We analysed the interviews using qualitative content analysis.

Results: We collected usability data after call 2 out of 6 by the SUS from 186 participants (48 missings, ØAge: 73.3, SD: 7.0, 96 female). The results indicated a good usability of Mili (ØSUS: 69.8/100, SD: 22.0, see Figure 2). Within semi-structured interviews, we asked 22 participants (ØAge: 73.0, 12 female, ØMMST: 29.3, range 24-30) for their ideas to improve Mili. Participants wished for an intelligent phonebot and a feedback system about participants' cognitive performance. If the performance indicates cognitive decline, Mili should make recommendations for consultation, life style changes and to the user's doctor

for prevention and treatment. Most interviewees would like to use Mili regularly if they would receive a feedback on their cognitive performance.

Conclusion: Our results revealed a high usability and feasibility of the automated phone calls by Mili. Eligible feedback solutions would increase the usefulness of remote testing if a they provide individual advises for prevention and contact persons. Ethical implications on feedback reports and the use of intelligent phonebots must be discussed.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-10 - Maintaining independence in dementia: Is Artificial Intelligence the solution?

Arlene Astell[1], Erica Dove[1], Christina Commisso[1], Ansh Sharma[1], Riju Mukherjee[1], Shital Desai[2], Rachel Zou[1], Rahul Venkatesh[3]
[1]University of Toronto, [2]York University, [3]Northumbria University

Maintaining independence is a priority for people living with dementia but a common problem is losing track when completing everyday activities. Timely and appropriate prompting can nudge people back on track but detecting when these prompts are needed and delivering them at the right time is crucial. Artificial Intelligence (AI) models which extract patterns from large datasets, could potentially be trained to identify when individuals go off track whilst completing everyday activities. Working with people living with dementia we are exploring the potential of AI to support them in everyday activities. Specifically, we are co-creating and testing an AI assistant to provide timely prompts as they go about their daily lives. Our multi-method approach includes three parallel research strands. In the first part 30 people with and without cognitive impairment have completed the same three activities in a controlled home lab setting. Analysis of eye tracking, physiological and observational data is revealing how people keep themselves on track and what happens if they got stuck.

Part two involves studying how people living with dementia complete everyday activities in their own homes. This is demonstrating how the environment and familiarity impacts activity completion. Data from strands one and two are informing ongoing iterative development and testing of an AI user interface and functionality at the homes of people living with dementia. Thus far, we have co-developed and tested a voice assistant trained on speech of people living with dementia. We have also identified visual and behavioural indicators of when people go off track, which can be used to generate prompts to get people back on track. The findings demonstrate the potential to maintain independence in daily activities for

longer, with AI offering personalization and adaptation as needs for support change over time.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-11 - AI Classification of Alzheimer's Stages Using Speech Characteristics in Dutch Speakers

Baran Polat[1], Roel Boumans[1], Charlotte van Corven[2], Tibor Bosse[1], Debby Gerritsen[2]
[1]Behavioural Science Institute, Radboud University, [2]Department of Primary and Community Care, Radboud University Medical Center, Radboud institute for Health Sciences, Radboud Alzheimer Center

Background: Speech characteristics are a promising biomarker for Alzheimer's disease, but research on Dutch-speaking people is limited. Dutch has unique linguistic features distinct from English. This study aims to develop an AI model to classify Alzheimer's stages by investigating linguistic profiles of Dutch-speaking people with mild Alzheimer's, mild cognitive impairment (MCI), and healthy controls using a new dataset. This research will be used for developing adaptive AI-based Virtual Agents personalized to the person, improving care and quality of life.

Methods: Thirty Dutch-speaking participants were recruited: 10 with Mild Alzheimer's, 10 with MCI, and 10 healthy controls. Participants, recruited from the Radboud University Medical Center, performed the Montreal Cognitive Assessment (MoCA) and received a Clinical Dementia Rating (CDR) from a physician. Each participant engaged in a 15-minute open conversation with the researcher about their daily eating and cooking habits and completed the Cookie Theft Picture Task.

Conversations were recorded and will be analyzed for Dutch-specific linguistic and acoustic features, including diminutives, grammatical gender, intonation patterns, vowel length, rigid word order, and compound word complexity. The data will be analyzed using AI techniques in Natural Language Processing (NLP), Automatic Speech Recognition (ASR), and acoustic software like PRAAT.

Results: Data collection is nearly complete, with 25 participant conversations recorded and 5 participants of the healthy control group remaining. The analysis will help us identify speech patterns that are distinctive for Mild Alzheimer's and MCI, and will be used for personalized conversations with Virtual Agents to adapt to the person's state. We will present an overview of the differences in speech characteristics between the groups, highlighting the unique properties of Dutch, and explain how these findings will be used to develop AI-based Virtual Agents that better align with individual needs.

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From research to communities - Artificial intelligence

08/10/2025 - 10:00-15:45 - POS16. Artificial intelligence

POS16-12 - Searching online for Dementia: What People Search for, What They Find

Rahul Venkatesh, Arlene Astell, Santosh Vijaykumar
NORTHUMBRIA UNIVERSITY

Background: The internet plays a growing role in how people learn about dementia. Understanding what users search for and the quality of information they find can help improve public communication and support informed decision-making.

Methods: We analysed public search activity for "dementia" using Google Trends and the "People Also Ask" feature (2017–2025), covering pre- and post-pandemic periods. A 12-month rolling average identified 21 peaks periods of interest, from which user questions were extracted and analysed using topic modelling. To assess information quality, we searched Google using common queries and reviewed results from the top three results pages, evaluating webpages with a modified Health Information Quality Index (HIQI) focused on accuracy and relevance.

Results: The average Search Volume Index rose from 55.2 (pre-COVID) to 90.1 (post-COVID). Medical and scientific topics dominated interest (65.3%–70.1%). Caregiving (21.9%) and policy (5.3%) peaked during COVID but declined post-pandemic (4.1% and 0.4%). Interest grew in disease progression (5.5%–10.3%), celebrity diagnoses (3.3%–13.4%), and psychological symptoms (2.1%–5.5%). We analysed 93 distinct user questions from peak periods, identifying five themes via topic modelling: dementia types, causes and risks, symptoms and diagnosis, progression, and prevention or treatment. Google searches using common queries returned 132 webpages. Of these, 44% were commercial, often lacking clarity, transparency, or referencing. Government and non-profits (e.g. NHS, Alzheimer's Society) offered more accurate, user-relevant content though quality varied.

HIQI scores were highest for care funding (11.33), followed by caregiving (8.92), celebrity diagnoses (7.50), progression (6.33), and differential diagnosis (4.27).

Conclusion: Public interest in dementia is rising, with search spikes often driven by media and social events. While available content largely addresses medical information, it often overlooks the practical and emotional concerns reflected in public searches. Public health communication must prioritise user-centred design to better meet these diverse needs.

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From research to communities - Public involvement in dementia research

08/10/2025 - 10:00-15:45 - POS17. Public involvement in research

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POS17-01 - Co-production of a community-based physical activity intervention for people living with dementia

Felicity Spencer[1], Richard Elsworthy[1], Leigh Breen[1], Jon Bishop[2], Afroditi Stathi[1], Sarah Aldred[1]
[1]University of Birmingham, [2]Birmingham Clinical Trials Unit

Background: Active, Connected, Engaged (ACE) is a randomised controlled trial, consisting of a six-month volunteer-led active aging intervention that seeks to enhance physical function, wellbeing, and connectedness in older adults. People living with dementia (PWD) report increased levels of loneliness and perform lower levels of physical activity than cognitively healthy people of the same age. Therefore, ACE-D aims to better understand how ACE can be adapted for people living with dementia by co-producing a new intervention.

Methods: Focus groups conducted with PWD, their caregivers, volunteers and service managers from active aging services will be used to understand how ACE can be adapted for PWD. Transcripts will be analysed qualitatively; using Framework Analysis and Directed Content Analysis. Two thematic categories will be used to generate the initial coding structure: aspects of ACE to keep the same; and aspects of ACE to change.

Results: Preliminary results, from three focus groups conducted with caregivers, volunteers and service managers, suggest that there are several aspects of ACE that will need to be adapted for PWD. These include increasing the length of the intervention to support the PWD for longer and developing the role of the caregiver within a future ACE-D intervention. Additional focus groups will be performed to elucidate further ideas for the development of ACE-D.

Discussion: Stakeholder engagement when developing a community-based intervention is vital to ensure that the project meets the needs of those most likely to use it. The adaptation

of ACE for PWD provides an opportunity for those stakeholders to develop a community-based physical activity intervention for PWD.

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From research to communities - Public involvement in dementia research

08/10/2025 - 10:00-15:45 - POS17. Public involvement in research

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POS17-02 - Building Social Networks to Engage People Living with Dementia, Care Partners, Researchers, Advocates, and Others: Walking the Talk for Dementia

Sherril Gelmon[1], Jenn Reed[2], Walter Dawson[3], Jonathan Adrián Zegarra-Valdivia[4], Kate Irving[5], Fernando Agguzzoli-Peres[6]
[1]Portland State University, [2]OHSU-PSU School of Public Health, [3]Oregon Health & Science University, [4]Universidad Señor de Sipán, [5]Dublin City University, [6]Walking the Talk for Dementia

Background: Walking the Talk for Dementia (WTD) 2024 encouraged multi-stakeholder collaborations in dementia research, care, and advocacy. People living with dementia and their care partners were central players. The weeklong event offered many opportunities to build social networks and collaborations through walking 40 km. along the Camino de Santiago de Compostela in northern Spain, the formal symposium, and multiple unstructured events.

Methods: Data collection documented pre-existing and newly established connections and collaborations using social network analysis (SNA). Data were collected through pre- and post-surveys. Survey questions assessed the kind of connections among participants – knowing a participant, a personal connection, planning to collaborate in future, and currently collaborating. Responses were used to visualize social networks before and after WTD and calculate centrality (number of connections), closeness (distances between participants), and betweenness (bridges between participant clusters). Understanding of social networks was further informed by additional survey questions and written, audio and video personal reflections.

Results: Sixty-two participants completed the pre- and post-survey social network questions (87.3% and 80.1% of study participants, respectively). Preliminary analyses identified certain individuals as central players in the WTD social network. Further analyses

by participant role (clinician, person with dementia, advocate, etc.) and geographic region reveal that networks transcend boundaries of role and geography.

Participants identified connections, new collaborations, and plans for future collaborations focused on advocacy, education, research, and inter-organizational partnerships. Key themes included a commitment to meeting people and deliberate engagement during WTD, and plans for future integration of people with lived experiences in research, education, advocacy, and policy work.

Conclusions: Many participants demonstrated active or planned collaborations with others in the WTD community. This demonstrated that WTD achieved its goal of fostering multi-stakeholder collaborations in dementia research, care, and advocacy. Future plans include adding past WTD participants to demonstrate the growing connections among WTD communities.

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POS17-03 - Recruiting and Retaining Research Participants & Partners in Remote areas

Julie Scott
Neuro-progressive and Dementia Network/ NHS Grampian

How to make research accessible to people living in remote communities has long been a challenge. We are always looking for ways to connect with and inform individuals living in a rural area about research and ways to support their participation, especially people living with Dementia and their
partners.

The Neuro-progressive and Dementia Network (NDN) covers Scotland's wide geographical area of some 30,420 sq miles including the islands, with a population of 5,479,700.The introduction of a Permission To Contact (PTC) register has proven to be invaluable in recruiting to AD studies.

We utilise Consultants Clinics ensuring clinicians are aware of current studies and have access to PTC leaflets. Research staff attend Multi-disciplinary team (MDT) meetings to inform Community/ Outreach staff of current research and discuss criteria for eligibility- to a given study and how to make referrals. Community Nurse in-put has been invaluable in reducing the amount of travel research participants have to do and helping at video
appointments.

Technology we use is 'Near me' for home visits or 'cisco VC' unit for Hospital to Hospital with participant attending. The use of Video conferencing has enabled informed consent to be taken by 'DocuSign' for Hybrid appointments

Achievements so far show good communication between different health care professionals promotes referrals to studies. Giving talks to Patient group in the community prompts awareness of current research and sign up for the PTC. The introduction of PTC for the Grampian area alone provided 30% of the participants for one AD study alone. This reflects in meeting recruitment targets for trials.

Going forward the aim is to continue reaching further communities, using Patient Public involvement, Technologies and social media



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POS17-04 - Developing an Intersectional Reminiscence Approach for Older Migrants with Dementia in Belgium: The Importance of a Participatory Process

Saloua Berdai Chaouni[1], Nadia Babazia[2]
[1]Karel de Grote University College, [2]Red Star Line Museum

Belgium faces a growing number of older migrants with dementia, yet it lacks intersectional migration- and culture-sensitive reminiscence approaches. This paper discusses a multi-component methodology used to identify criteria for an intersectional, migration- and culture-sensitive reminiscence activity in dementia care.

Drawing on decolonial perspectives, a longitudinal community-based participatory action research project involving five families and three professional care settings was conducted. Over six months, 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 'migration-sensitive iconic case' and to explore its potential as a meaningful activity beyond dementia care. To address cultural, age, dementia, and care burden sensitivities, methods such as a 'migration-sensitive iconic case', visual observational lists, and digital tools were employed. Co-researchers received coaching from the researchers and could rely on psychological support from community-sensitive psychologists when needed. Occasional' give-back' events were organized to value the input of these marginalized voices.

This process fostered collective learning, with co-researchers as 'Knowers,' shaping research outcomes (e.g., a culturally sensitive podcast) that embody their experiences and inspire other caregivers. This paper concludes that the path toward inclusive responsive dementia care requires inclusive, caring research that amplifies marginalized voices and challenges methodological and institutional boundaries.

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POS17-05 - Evaluating the implementation of text message invitations to determine research interest and evaluate research register sign up

Marian Montanha, Michelle Downer, Jacqueline Kerr, Tom Russ
NHS Lothian

Recruitment into research remains challenging, particularly within the older adult population, who have more limited access to novel advertisements of research opportunities. This results in various challenges, especially within the NHS, where limited funding necessitates cost-effective and scalable engagement strategies. NHS Scotland's Neuroprogressive and Dementia Network (NDN), in Lothian, partnered with general practitioner (GP) practices in North West Edinburgh to trial a text message invitation system as a low-cost and low-effort method of increasing research engagement. This initiative targeted patients aged 60+ from three GP practices in Edinburgh. The text invited those interested in research participation to sign up for the NDN's research register, Permission to Contact.

Approximately 4,050 eligible patients were contacted, with a ~3% sign-up response rate. These sign-ups accounted for 39% of registrations in Lothian between August 2023 and August 2024. Of these, 24% had a diagnosis of a neuroprogressive disorder. Costs were approximately £2.50 per registrant. Compared to traditional methods, such as postal invitations or direct clinician referrals, text invitations required minimal administrative effort and financial investment while maintaining a high response rate. Given the growing pressures on NHS resources, this initiative highlights the potential of digital communication through GP practices as a sustainable and efficient recruitment tool, even for the older adult population. Next steps would include the broader implementation of this service, expanding to other areas of Lothian, and other health boards within Scotland. Wider implementation of this approach has potential for improving research accessibility while considering constrained healthcare budgets and staffing restrictions.



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POS17-06 - A more mindful approach to designing for and with people with dementia: co-design and evaluation tools from the MinD programme

Michael Craven[1], Michael Craven[2], Tom Dening[3], Federica D'Andrea[4], Kristina Niedderer[5]
[1]University of Nottingham, MindTech HRC, [2]NIHR MindTech MedTech Co-operative, University of Nottingham, [3]Institute of Mental Health, University of Nottingham, [4]The Geller Institute of Ageing and Memory, University of West London, [5]Manchester School of Art, Manchester Metropolitan University

From 2016-20, the European Horizon 2020 Research Innovation and Staff Exchange (RISE) programme 'Designing for People with Dementia – Mindful Self-empowerment and social engagement' brought together various design professions & architects with healthcare professionals and researchers, working alongside experts by experience, to develop and apply co-design methodologies on new product designs from idea to prototype. It realised guidelines, policy, a set of tools, a published book and a new boardgame.

This presentation discusses the key findings from MinD in the areas of co-design principles and practice, evaluation models and their application. In particular, it will describe the development and use of formative and summative design tools, including Mindful Scenario Task Analysis (MSTA) and the Activities, Internal World, Relationships (AIR) model.

MSTA is described in the context of a co-design workshop with people with dementia and caregivers, in which it was conceived. We discuss the process and benefits of co-producing design tools with experts by experience. The AIR model is explained through its application

in a later patient and public involvement and engagement (PPIE) workshop where the 'All About Us' boardgame was refined for its eventual launch as a product.

Looking forward, we introduce the MinD network – an interdisciplinary and inter-sectoral group from design, engineering, psychology, health professionals and policy makers, that was formed to take forward, implement and develop the ideas of the programme, which has already led to further work such as the ICanDo community volunteer service.

References:

Designing for Dementia (MinD), https://designingfordementia.eu/

Design for Dementia, Mental Health and Wellbeing, Co-Design, Interventions and Policy, Niedderer K, Ludden G, Dening, T, Holthoff-Detto V (eds). Routledge, Abingdon, 2025.

Niedderer K et al. *I Can Do:* Co-Designing a Service with and for People with Dementia to Engage with Volunteering. *Social Sciences*. 2023; 12(6):364.

Funding: Horizon 2020 grant agreement 691001.

From idea to prototype?

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POS17-07 - From Research to Communities: A Scoping Review of Cognitive Care Programs in Dementia Integrating Systematic Review Methods and Artificial Intelligence

Hsiu-Chen Shih[1], Chih-Yuan Lin[2]
[1]Taipei City Hospital, [2]Department of Neurology, Taipei City Hospital

Background: Systematic evaluation of cognitive care programs for people with dementia (PwD) is essential to guide evidence-based practice. This study applies the PRISMA-ScR framework to demonstrate how systematic review methodology, combined with artificial intelligence (AI), can enhance the evaluation of cognitive care interventions.

Methods: (1) The research concept was structured using the Population, Intervention, Comparison, and Outcomes (PICO) framework to identify research boundaries. (2) Search terms were determined by integrating synonyms with standardized controlled vocabularies, such as Medical Subject Headings and Emtree. (3) A systematic search strategy was executed across multiple databases, including MEDLINE, Embase, Cochrane Database, or CINAHL. (4) Rayyan and EndNote software tools were utilized to manage the literature selection process following PRISMA guidelines and removing duplicates. (5) Eligibility screening was conducted based on title and abstract, with Python and SAS software employed for textual analyses, exporting dataset into Excel for subsequent evaluation. (6) Advanced AI-driven PDF parsing tools were used to assist in data extraction from full-text articles. (7) Results were systematically summarized using SAS to generate reporting tables.

Results: The evaluation approach for cognitive care programs included (1) Rapid reviews for swiftly addressing knowledge gaps and novelty and (2) Public involvement with PwD and community members, ensuring inclusivity in defining research significance and appropriateness. (3) Comprehensive reviews guided by service-user needs, using the PRISMA-ScR checklist to clarify research foci, populations, settings, evaluation instruments, and outcome measures; (4) Application of the Grading of Recommendations, Assessment,

Development and Evaluation (GRADE) Evidence to Decision (EtD) framework to facilitate shared decision-making.

Conclusion: This systematic and integrative approach combining traditional systematic review methodologies with AI-driven tools significantly enhances the effectiveness and inclusivity of evaluating innovative cognitive care programs for PwD.

Keywords: Scoping review; Cognitive care programs; Systematic review methodology; Artificial intelligence; Dementia care; PRISMA-ScR; Patient and public involvement

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POS17-08 - Forging New Connections: Establishing a new Public and Patient Involvement and Engagement (PPIE) stakeholders' group in West London, UK

Dr Emma Ferguson-Coleman, Professor Juanita Hoe, Professor Katie Featherstone
University of West London

The Geller Institute of Ageing and Memory (GIAM), University of West London, UK, delivers interdisciplinary research and education that focuses on reducing health inequalities and promoting inclusivity for older people, people living with dementia and their families. Co-production and co-inquiry are at the heart of GIAM's mission to provide robust research evidence that supports people living with dementia and older people and improves their access to and experiences of health and social care, which enable and empower these populations to live well.

Patient and Public Involvement and Engagement (PPIE) is an essential component of working with the public to ensure that research plans are focused on their needs and on improving their lives. PPIE allows researchers to involve patients and the public in decisions about what research they do, to help develop interventions to improve care, and to become involved in conducting the research. If the public are not consulted about their preferences, research studies can be weakened by their lack of real-life transferability and efficacy.

We secured funding for public-facing knowledge exchange activities with local PPIE stakeholders from within the seven boroughs of West London. Our intention is to invite these stakeholders to help shape future research priorities within GIAM by becoming members of our PPIE advisory panels.

Our first PPIE event is scheduled for 1st May 2025 with a diverse community of local family carers of people with dementia alongside statutory and voluntary specialist dementia

service providers. Verbal, visual and recorded video presentations will be shared with the group showcasing GIAM's research, and prior engagement with PPIE groups.

Our presentation will offer an evaluation of our learning from setting up local PPIE groups including managing expectations, working on compromise, uniting groups that align with academic expectations including funding priorities, and meeting wider university knowledge exchange goals.



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POS17-09 - Digital biomarkers and ethics: Lessons from research to application

Anna-Katharine Brem[1], Emma Poon[2], Marie-Christine Fritzsche[2], Ana Diaz[2], Dianne Gove[2], Dag Aarsland[2], Federica Lucivero[2]
[1]King's College London and University of Bern, [2]

Background: Digital biomarkers (DBM) offer significant potential such as enabling frequent, remote, real-ti
in the RADAR-AD (Remote Assessment of Disease and Relapse – Alzheimer's Disease) project.

Method: RADAR-AD is a cross-sectional observational study (N=237) designed to identify and validate rem
in-home sensors. This case study focuses on two key ethical domains: (1) ensuring respect for participants,

Results: The first key area highlights the importance of a participatory approach, emphasizing the value of
Participant burden: Achieving a balance between privacy, accessibility over long data collection periods a

The second key area addresses (1) **Feedback of results**: Sharing consumer-grade feedback enhances pa
tools in future studies, and promoting data sharing. Nevertheless, ensuring that research findings translate i

Conclusions: The RADAR-AD study serves as a case study, illustrating the key ethical challenges associa

Acknowledgment: The_RADAR-AD_project_has_received_funding_from_the_Innovative_Medicines_Initiative_2_Joint_Undertaking_under_u_for_more_details._This_communication_reflects_the_views_of_the_RADAR-AD_consortium_and_neithe

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POS17-10 - Representative Research: A Case Study for Collaboration Between Local Advocates and Large Research Organizations

Mary Michael
Otsuka

Background: In rural communities across the United States, engagement in brain health and dementia research remains low. As a result, research is rarely representative of patient populations, leading to poor health outcomes and perpetuated distrust in healthcare systems. Too often, in efforts to mitigate these disparities, organizations will operate on a short-term, transactional basis, reinforcing the very structures they hope to undo.
Our work posits that rural community engagement in research can be measurably improved through effective and enduring collaboration between large research organizations and local, grassroots advocates.

Methodology: In 2024 the Patient Advocacy and Stakeholder Management team at Otsuka entered a collaboration with Reminiscent, a dementia advocacy organization in Valdosta, Georgia. Valdosta is a city of 55,000, with a dementia rate above the state average and a poverty rate of nearly 30%. Reminiscent provides essential brain health services to this community including educational events, trainings, memory cafes, wellness classes, and health and clinical trial screenings.
The collaboration aims to propel, amplify, and expand the existing work of Reminiscent to improve dementia research participation in rural communities. Phase one included documenting Reminiscent's work in Valdosta to distill it into a scalable, shareable model. Phase two, commencing June 2025, will include visits by Reminiscent to neighboring communities to discuss the Valdosta model and how it might be implemented elsewhere.

Results: There are two essential insights from this project:
1. Locally led, grassroots advocacy is essential to improving research engagement. In January 2025, Reminiscent hosted a clinical trial screening event where participation was

tenfold that of communities without dementia programming.
2. Collaboration with large, well-resourced organizations can amplify and advance this work when the partnership is based on listening, trust, and enduring engagement.

Conclusion: Strategic collaboration between local advocates and larger research organizations can advance representative community participation in research.

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POS17-11 - “We’ll keep chipping away”: a joint learning journey for a Caribbean co-researcher and a university researcher to raise dementia awareness amongst Caribbean communities

Orii McDermott, Bettina Wallace
University of Nottingham

Background: Dementia diagnosis rate amongst African and Caribbean people is significantly lower than the white UK population. There are long-standing cultural, societal and service provision reasons that make many black people reluctant to seek mainstream dementia support. Researchers in the UK often struggle to recruit African and Caribbean public members as PPI members, or as study participants.

Our approach: A Caribbean public member (BW), who cared for her mother with dementia, was appointed as a university researcher (OM)’s co-researcher to co-produce a dementia awareness training platform for Caribbean communities. BW used her well-established local links to introduce OM to her communities. In the last 18 months, they have regularly provided joint informal 'dementia talks' at Caribbean elders’ clubs. Their sessions aim to normalise discussing dementia, and to obtain better insights into dementia care support that will be accepted by Caribbean communities.

Our experiences: Even though BW is a respected community member, it took several visits for community members to start sharing their views and concerns with OM. Several women are willing to share their dementia experiences with OM now, but older Caribbean men rarely engage in our dementia talks. Although their response may be considered as a cultural and gender norm, we need to find better approaches to engage Caribbean older men in our future dementia awareness training. As part of capacity building, two Caribbean co-researchers have attended Cognitive Stimulation Training and began developing

culturally appropriate resources for their community. BW is now involved in two UK-wide dementia studies as a PPI expert.

Conclusion: It takes time to build a trusting working relationship with any '*research sceptical*' diverse community. '*Skilling-up*' our diverse community partners and securing funding to allow their long-term engagement are essential to ensure our future dementia care research will be accepted and considered useful by diverse communities.

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POS17-12 - Creating Engaging Materials: Involving People with Dementia in Design Research

Rising Lai[1], Niels Hendriks[2], Andrea Wilkinson[2], Sara Bartels[3]
[1], [2]LUCA School of Arts, KU Leuven, [3]Maastricht University

This study explores design and art-based methods for involving people with dementia in design research through the creation of engaging materials that facilitate meaningful participation. Conducted in dementia care homes in Flanders, Belgium and Eindhoven, The Netherlands, the research involved a series of structured and adaptive interactions with participants exhibiting varying levels of verbal communication abilities. By employing materials ranging from design probes to real food items and sensory-tasting activities, the study critically examined how food choice factors—life course, influences, personal system—could be elicited in different ways.

Findings emphasise the importance of participant-oriented strategies, including narrowing the scope of choices, using simplified and familiar imagery, and valuing non-verbal communication alongside verbal responses. This study highlights the need to adapt visual and sensory materials to participants' abilities and cultural contexts, recognising that authentic engagement often extends beyond verbal communication. This study contributes to public involvement in dementia research by demonstrating how thoughtfully designed materials and flexible facilitation can empower people with dementia to actively participate in research processes, thereby enhancing the inclusivity and relevance of design outcomes.

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POS17-13 - Climate Wisdom: Empowering Dementia-Friendly Climate Action through Storytelling, Inclusion, and Community Resilience

Ryan Woolrych[1], Gary Haq[2], Graham Galloway[3], Louise Willson[4]
[1]Heriot-Watt University, [2]Stockholm Environment Institute, [3]Meeting Centres Scotland, [4]

Climate Wisdom is a community-led climate action initiative that empowers people living with dementia, their care partners, and wider communities to co-create inclusive, creative, and practical responses to climate change. Recognising that older adults and people with dementia are often excluded from mainstream environmental movements, the project bridges the gap between climate action and dementia-inclusive practice.

Grounded in the findings from the *Healthy Ageing in a Changing Climate* report - which warns that “climate responses will fail if they do not engage older people in a meaningful way” (Woolrych et al., 2023) - *Climate Wisdom* embeds climate action within Scotland’s Meeting Centres network. It focuses on five key interlinked strands: participatory storytelling and environmental arts, ambassador training for emerging leaders, intergenerational learning events, local Climate Action and Resilience Plans, and co-produced resources for national scaling.

With anticipated reach of over 600 participants annually across rural, urban, and coastal communities, *Climate Wisdom* fosters intergenerational dialogue and builds capacity for sustainable behaviour change. The project's evaluation will assess its impact on personal empowerment, community resilience, carbon reduction, and policy influence.

By aligning dementia care with environmental sustainability, *Climate Wisdom* proposes a novel rights-based model of inclusion – offering new pathways for underrepresented

groups to shape climate policy and action. It presents a scalable framework for dementia-friendly climate engagement across Scotland, Europe and beyond.

Reference: Woolrych, R., Haq, G., & Briony, L. (2023). *Healthy Ageing in a Changing Climate*. https://www.ageandclimate.com

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POS17-14 - Evaluation and lessons learned regarding the ABOARD Cohort Panel

Tanja de Rijke[1], Miriam Beusink[2], Tieneke Schaaij-Visser[3], Marja Berkhout[4], Lidwien Kroon[4], Marlon Smeitink[4], Sophie van der Landen[1], Kyra Kaijser[1], Dirk-Jan Saaltink[5], Els van der Rhee[5], Susanne Rebers[6], Casper de Boer[1], Hanneke Rhodius-Meester[1], Wiesje van der Flier[1], Leonie Visser[1]
[1]Amsterdam UMC, [2]Health-RI, [3]Lygature, [4]ABOARD Cohort Panel member, [5]Dutch Brain Foundation, [6]Netherlands Cancer Institute

Background: Public involvement (PI) increasingly gains momentum in the field of Alzheimer's Disease, yet a methodological evaluation is often not reported on. This study assessed whether an Alzheimer's cohort panel could fulfil PI criteria and led to perceived improvement of the cohort.

Methods: The panel includes 49 members, who advise the cohort via questionnaires and live meetings. The panel is evaluated using questionnaires for panellists and researchers using an assessment tool specifically developed to capture insights on the quality and lessons learned of PI. The results are supplemented with personal reflections by several panel members and internal evaluations by the coordinating team. Descriptive statistics were analysed via SPSS and thematic content analysis was used for open-ended questions.

Results: Response rates were 37% for panellists (16/43) and 67% for researchers (4/6). Most panellists reported clarity in the panel's purpose (95%) and communication (94%), indicated to have adequate resources to provide input (75%), and experienced sufficient transparency from the coordinating team (87%). All felt respected and the majority found it very easy to participate in the panel questionnaires (87.5%). However, 56% found the face-to-face meetings difficult to attend due to time, travel, or work constraints. Researchers reported positive impacts, e.g., improved consent information based on the panel's input. No negative effects were identified. Suggested improvements included clearer expectation management and better visibility between panel coordinators and researchers. Key lessons included the value of combining questionnaires and live meetings. The panel's coordination, shared with three other organisations independent from the cohort study, functioned well but transparency was limited, requiring enhanced communication.

Discussion: This study demonstrates that a panel can enhance the perceived quality of an Alzheimer's cohort study while meeting key PI principles according to panel members and researchers. However, our results must be interpreted with caution due to the low response rate.



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POS17-17 - Social Stigma in Dementia: Italian Validation of the 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]
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Introduction: The prevalence of dementia has been increasing, with over 55 million cases worldwide. Dementia-related stigma is believed to be a significant barrier to supporting people with dementia (PwD) and promoting their social inclusion. The Dementia Public Stigma Scale (DePSS) is a tool that measures the dementia-related public stigma and can guide educational interventions.

Objective: To validate the DePSS in Italian.

Method: The study consisted of two phases: translation and cultural adaptation, followed by psychometric validation. The scale was translated following Beaton's guidelines, with an initial assessment of clarity and relevance conducted by 5 experts and 41 lay participants. Subsequently, the DePSS was tested on a sample of 1,329 participants,aged 14-93 years.

Analyses included Item-total correlations (r), reliability (McDonald's Omega), test-retest (r), and confirmatory factor analysis (CFA).

Results: The Italian version of the DePSS demonstrated satisfactory semantic and conceptual equivalence, with good internal consistency (omega = 0.776) and reliability (r=0.725, p<0.001). Item-total correlations ranged from 0.3 to 0.7. The CFA supported the original five-factor structure (fear and discomfort, inability and loss, personality recognition, burden and exclusion) with good fit indices (CFI = 0.941, TLI = 0.923, RMSEA = 0.050 and SRMR = 0.045).

Discussion and Conclusions: The DEPSS is a brief 16-item scale that explores all components of stigma—stereotypes, prejudice, and discrimination—unlike other tools that assess only positive attitudes toward people with dementia, while neglecting negative ones. The Italian version of the DEPSS is a valid and reliable instrument for measuring dementia-related stigma and may be useful for healthcare policymakers.



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POS17-19 - Identifying the top three symptoms to manage in dementia: A consensus workshop on the Integrated Palliative care Outcome Scale Dementia (IPOS-Dem)

Susanne de Wolf-Linder[1], Jörg Meisser[2], Ruedi Stüssi[3], Christina Ramsenthaler[2]
[1]Zurich University of Applied Sciences, [2]Zurich University of Applied Sciences, Departement of Health Sciences, Institute of Nursing, [3]

Background: The Integrated Palliative Care Outcome Scale for Dementia (IPOS-Dem) measures how much the person with dementia is affected by symptoms and concerns. It is a multidimensional, holistic, and person-centred outcome measure. Currently and despite being urgently requested, no symptom management guidelines for the IPOS-Dem are available. To inform guideline development, we engaged our Patient and Public Involvement (PPI) Group to identify the top three critical symptoms to start the process of guideline development.

Methods: In a workshop, we consulted with a diverse group of stakeholders, including people with dementia (PWD), family members, nurses, and other experts. Participants received relevant evidence beforehand to support informed discussion. During the workshop, individual symptom preferences were shared in breakout groups and ranked using the nominal group technique. Descriptive statistical analysis was applied to establish consensus, and participants' comments were analysed thematically.

Results: 13 members of our PPI group attended the workshop: one PLWD, five relatives, two nurses, one GP, two charity leads, and one politician. The top three symptoms were I19 *Difficulty communicating*, I25 *Depression*, and I26 *Lost interest*. I19 *Difficulty communicating* was identified as the most important symptom for guideline development because of its long-term effects of causing misunderstandings, withdrawal, and frustration for both PWD and their caregivers. I26 *Lost interest* was also identified as relevant from

relatives due to past experiences of difficulties managing this symptom at home. Thematic analysis further revealed that these symptoms can overlap and intensify each other.

Conclusion: The insights from this consensus-finding workshop directly inform the development and prioritisation of guidelines for management of symptoms as included on the IPOS-Dem. Our project focusing on PWD living at home will further inform the international IPOS-Dem Consortium work.

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POS17-20 - A Best Practice Guide to Building Tech Groups that Bridge the Digital Divide for People Living with Dementia

Mason McLeod[1], Anthea Innes[2], Mason McLeod[1], Uminyah Gilani[1], Kyla Kovalik[1]
[1]McMaster University, [2]McMaster Univeristy

Aim: This paper introduces a newly developed good practice guide resulting from a one-year co-designed project aimed at addressing the digital divide and fostering social connection among people living with dementia in Southern Ontario, Canada. Funded by a Government of Canada's New Horizons for Seniors Program grant, the project engaged people living with dementia and their care partners throughout all stages. We will discuss the process we used to develop the guide with the intent of enabling others to adapt and create 'tech groups' for people living with dementia in the community.

Methods: Two co-design workshops were held in the summer of 2024 to identify the technology interests and needs of people living with dementia and their care partners. Insights from these sessions shaped the development of an 8-week 'tech club', hosted at a local public library. The program focused on using iPads and smartphones to explore apps and platforms that support social connection. Data collection included pre-club interviews, a momentary assessment tool, observation fieldnotes gathered during each weekly session and a post club participant focus club and librarian interview.

Findings: We will present the key components of the resulting good practice guide, including considerations for group setup, facilitation, and adaptation to local contexts. The guide emphasizes strategies for promoting digital inclusion and social connection using iPads/or smart phones, a variety of apps and platforms.

Conclusion: This project demonstrates the value of co-deign with individuals with lived experience in developing practical and community-based solutions. The good practice guide, which we will make available during our presentation, offers a replicable and adaptable model for promoting social connection and addressing the digital divide for people living with dementia.

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POS17-21 - Living with Young-Onset Dementia: Our Music, Our Voice - a co-created film

Jennifer MacRitchie[1], Elsie Ledger[2], Landon Peck[3], Joseph Lindley[4], Roger Whitham[4], Garry Hague[5], Howard Gordon[5]
[1]The University of Sheffield, [2]Age Uk Sheffield, [3]University of Sheffield, [4]Lancaster University, [5]

Although there are approximately 70,800 adults in the UK affected, people living with young-onset dementia are still massively under-represented in research around diagnosis, treatment and care. People with young-onset dementia are likely to be more physically fit and in an active phase of life compared to their older counterparts (Mayrhofer et al., 2020). This can have a knock-on effect where available services, interventions, and types of care are designed with the older adult demographic in mind. An example of this in musical programs and interventions is where a typical use of music in dementia may be to soothe or calm someone from agitation in an aged-care setting. This may be ill-suited for the younger, often healthier and active young-onset group.

This work details a partnership with the young-onset hub supported by Age UK Sheffield, the University of Sheffield and Lancaster University. Together, people living with young-onset dementia were involved in deciding the details of the project, applying for funding, and in creating its main output, a public-facing short film. The project involved a series of four workshops from March – June 2024 where different methods were used to engage participants to share their ideas on what music means to them and what is important about designing musical interactions. This was achieved through i) taking part in music-making activities with new musical devices, ii) using new prototypes to control AI image

generation of new musical devices, and iii) using arts materials to make musical instruments.

The project provided an opportunity to think not only of the musical diversity of people living with young-onset dementia, but how we might innovate new tools that allow different types of contribution into designing new technologies. The presentation will detail reflections from the process of all stakeholders involved and show the final film.

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POS17-22 - Dementia leaders – empowering and learning form co-researchers and change-makers

Simone Anna Felding[1], Lieselotte Klotz[2], Martina Roes[1]
[1]German Center For Neurodegenerative Disease, DZNE Witten, [2]

Background: In the last decade, there have been changes in dementia research and policy and people with dementia have become loud voices and active co-researchers, activists, influencers and decision-makers. These developments have also changed our research practices at the DZNE in Witten, Germany, where we collaborate closely with people with dementia, informal and formal caregivers in a range of projects. A growing group of people living with dementia in Germany are making themselves heard, contribute to research, affect policies and encourage others to speak openly about their life with dementia. Their activism leads to much needed changes in research, policy and practice.

Methods: With the Dementia Leaders programme, we want to address a need that has been brought to our attention: Who prepares people with dementia to become Dementia Leaders, who are not only participating in advisory boards, but also become co-researchers? How can we empower people with dementia and their informal caregivers to participate and make their voices heard? In our programme, participants get the opportunity to meet people in similar situations and learn about dementia care research. In a participatory manner, we conduct virtual meetings and training sessions together.

Preliminary results: The programme (funded by the DZNE Stiftung - Deutsche Demenzhilfe) started with a kick-off workshop in April 2025. Here we discussed current challenges in dementia care, participants shared experiences and information about research and public involvement was shared.

Conclusion: We hope that we can change future research approaches and empower future Dementia Leaders with our programme. We hope that the Dementia Leaders

emerging from our programme will be able to critically reflect our programme, provide recommendations and will support our aim, to move forward from research being academically driven to being driven by the community of people with dementia, (in)formal caregivers and researchers.

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POS17-23 - Family Interventions iN Dementia Mental health Environments (FIND ME): Co-designing a public engagement programme

Prof Emma Wolverson[1], Dr Juliet Gillam[1], Rosie Dunn[1], Faye Watson[2], Prof Katie Featherstone[1], The Inpatient Dementia Experience Group[2]
[1]Geller Institute of Ageing and Memory, University of West London, [2]

Background: Raising awareness around the mental health needs experienced by people living with dementia is key, to reduce stigma and encourage others to seek support. By working collaboratively with people with lived experience, we can co-develop strategies to engage the public which are person-centred, inclusive, and responsive to user needs.

Aim: To co-design a public engagement programme to raise awareness about the mental health needs of people living with dementia.

Methods: A series of co-design workshops were conducted with people living with dementia and their caregivers, who had first-hand experience of dementia in-patient units (DIU), also known as mental health or psychiatric wards. The workshops comprised:

1. Sharing experiences: participants used creative methods to share personal stories and explore the challenges they faced in obtaining mental health support.
2. Identifying gaps: the group highlighted areas where public understanding and knowledge of mental health in dementia is lacking.
3. Developing strategies: participants co-created ideas for public engagement to address these gaps.

Results: Eight participants co-developed a public engagement programme that included three core components: 1) Community workshops – interactive and creative sessions to exchange knowledge and practical support strategies, designed to be inclusive of diverse communities and faith-based groups; 2) Awareness campaigns - targeted messages via

media and social media to highlight the importance of DIUs for individuals living with dementia; 3) Educational materials - accessible, user-friendly informational resources available in multiple languages, to be shared on the project's website.

Conclusion: Working in equal partnership with people living with dementia and their caregivers enabled the development of a practical, person-centred public engagement programme that reflects real-life needs and priorities. The proposed programme will be delivered as part of the NIHR funded Family Interventions in Dementia Mental Health Environments (FIND ME) research project, over the next 30 months across the UK.

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POS17-24 - Ambassadors in Action: Participation and Transparency in the Member Engagement Strategy of the Pasqual Maragall Foundation

Anna Lorente, Sílvia Ferrer, Antonio Ivorra, Líria Fuentes
Pasqual Maragall Foundation

The Pasqual Maragall Foundation, a non-profit organisation dedicated to the prevention and early detection of Alzheimer's disease, has launched a new initiative within its member engagement and retention strategy: the Ambassador Members Programme.

The Foundation has currently over 100,000 members (recurring donors) who play a key role in sustaining its scientific and social objectives. This new programme invites a small group of members to take on a more active role in the life of the organisation. The aim is to strengthen the two-way relationship between the Foundation and its members by fostering participation, transparency and a deeper sense of belonging.

Ambassadors act both as advocates and advisors. They participate in internal meetings, provide feedback on key initiatives, and maintain a direct dialogue with the Foundation's team. They also serve as spokespeople at events, share their personal stories, and help raise awareness through social media, interviews, and other outreach efforts. This closer connection helps build trust, generate insights and co-create new engaging strategies.

The first edition, launched in 2024, invited all members with at least three years of support to apply. A total of 130 applications were received, and three ambassadors were selected by an interdisciplinary committee.

Ambassadors receive an initial training and ongoing support throughout their participation.

The programme has three main objectives:

- Reinforce the role of members beyond their financial contributions.
- Increase transparency by sharing progress and strategic direction.
- Build an active community that amplifies the cause and drives social impact.

This initiative shows that long-term engagement is not achieved through one-way communication alone, but through participation and shared ownership. It offers a replicable model for organisations seeking to build deeper community connections.

Antonio, one of our ambassadors, will be presenting the project.

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POS17-25 - How people living with dementia and their carers want to be involved in a study. Insights from a participatory study conception of a video feedback intervention.

Dominique Autschbach, Claudia Dinand, Franziska Anushi Jagoda, Franziska Anushi Jagoda, Margareta Halek, ParDeVI project group
School of Nursing Science, Witten/Herdecke University

Background: One of the core quality criteria in participatory health research is involving people living with dementia and their carers in the conceptualization of intervention studies. Such an early participation allows considering preferences regarding the future involvement in the planned study. In the project ParDeVI people living with dementia, carers and researchers collaboratively conceptualized an exploratory clinical study on an individualized video feedback intervention at home. Drawing on data from this project, we will highlight how people living with dementia and carers want to be enrolled in and involved during the subsequent study.

Method: Between August 2024 and January 2025 six focus group meetings with three people living with dementia and six carers took place. Focus group meetings were characterized by a clear framing through written preparation and documentation, the use of visual methods and different group formats. Besides the involvement in the future study, these focus groups dealt with the intervention itself, i.e. everyday situations suited best for applying video feedback as well as the outcome and implementation of the intervention. Thematic analysis of focus group transcripts and visual documentation was carried out.

Results: Concerning the enrolment in a study, participants identified what motivates them to take part in a study and how to approach them. In addition, they evaluated useful ways of being addressed, such as digital media, health care services or advocacy groups. They emphasized individual preferences for continuous involvement in the preparation, implementation and dissemination phases of a study.

Discussion: The subsequent study will adopt an enrolment strategy grounded in an analysis of the best ways of access and tailored to the motivation of the participants. The involvement during the study will be planned suited to the resources of the target group.

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POS17-26 - Involving societal stakeholders in dementia risk reduction: an explorative study

Jolanda Dobbe[1], Ellen Smets[2], Esmee Kreuk[2], Simone Coppelmans[2], Lars Ramaker[2], Moniek Schröder[2], Diny Stekelenburg[2], Wiebe de Vries[2], Monique Verschuren[2], Kay Deckers[2], Frank Wolters[2], Leonie Visser[2]
[1]Amsterdam UMC, [2]

Background: Multiple modifiable dementia risk factors are known, asking for both individual and population-level approaches to dementia risk reduction. Societal stakeholders, e.g., policymakers and employers, may play a crucial role in dementia risk reduction. This study aimed to identify relevant societal stakeholders in promoting dementia risk reduction and explore perspectives regarding their role.

Methods: We used a qualitative approach with participatory research elements. An advisory panel of citizens (n=14) was installed to provide input on various study aspects (e.g., study design, interpretation of findings). Data collection involved: 1) identification of potentially relevant societal stakeholders; and 2) exploration of perspectives of stakeholders using in-depth interviews and focus groups. We analysed data using thematic content analysis.

Results: Together with the advisory panel, we identified various professionals who could play a role in dementia risk reduction. Out of these, four domains were selected to explore professionals' perspectives in interviews or focus groups (1 focus group, 18 interviews): 1) Student organizations (N=14); 2) Living environment (N=5); 3) Work environment (N=5); and 4) Key persons in the community (N=8). Participants experienced little responsibility to act as a societal stakeholder in the context of dementia risk reduction. They underlined the importance of policy and regulations to make dementia risk reduction efforts obligatory and public priority. Additionally, participants recommended incorporating information on dementia (risk) in general health campaigns rather than organizing separate campaigns,

and to start early with education about dementia risk reduction, making it an integral part of life.

Discussion: These findings highlight the importance of political prioritization of dementia risk reduction, and to include dementia in education about healthy lifestyle from an early age. Future studies are needed to validate our findings on a larger scale, and among other stakeholders. Additionally, the effectiveness of dementia-specific versus general health promotion campaigns could be evaluated.

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POS17-27 - “Co-production is catnip to my brain. I need it and I would be in care otherwise”: A narrative review of the role of co-production in dementia practice and research

Laiba Ahmad[1], Ellie Robinson-Carter[2], Martin Robertson[2]
[1]*University of West London,* [2]

The concept of co-production, initially coined by Elinor Ostrom in the 1970s, has since evolved to encompass diverse fields including education, public policy and health and social care. In dementia care and research, co-production is a way to empower those with lived experience, yet its definition and implementation remain inconsistent. This review explores the development, principles and challenges of co-production in the context of dementia, with a particular emphasis on safeguarding its integrity.

The term co-production is often used interchangeably with other terms, e.g., co-creation and co-design, therefore, we draw on our definition that was developed with lived experts, researchers, and community partners in the EMPOWER Dementia Network+: A collaborative approach that prioritises equity, shared power and shared responsibility among all participants in a safe space. It ensures the ongoing involvement of diverse and inclusive groups, especially those directly affected, from the outset. Our process of creating this definition reflects our belief that co-production is not limited to a single phase of a project but embedded throughout, shaping both how we work and what we produce.

Through a narrative exploration of the journey of co-production - from visioning and planning to delivery and outcomes - we highlight what meaningful co-production looks like in practice and research. We explore the challenges and barriers that are so often faced – including digital and geographical exclusion, inaccessible language, lack of training and resources - and suggest ways of overcoming these to ensure a meaningful and valuable experience for all involved. We assert the potential and true impact that co-production can have, and its ability to galvanise research into new realms. The review also draws on real

examples of co-production, including resources, and concludes with a groundbreaking toolkit for lived experts, researchers and practitioners to utilise in future.

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POS17-45 - Co-creating with Purpose: Sustaining Ethical and Inclusive Research with Experts by Experience in Dementia

Rosa Almeida[1], Raquel Losada[1], Yolanda Bueno[1], Sofía Ballesteros[1], Isabelle Tournier[2], Kristina Niedderer[3]
[1]Fundación INTRAS, [2]Université Paul-Valéry Montpellier 3, [3]Manchester Metropolitan University

Involving people with dementia as active contributors within research has progressed significantly, moving beyond consultative roles to meaningful co-design and co-production. We present a value-sensitive and ethically grounded approach to sustained public involvement in dementia research through the long-term engagement of Experts by Experience (EbE) across multiple European projects.

The model was initiated in 2016 within the Horizon 2020 project MinD “Designing for People with Dementia: Mindful Self-empowerment and Social Engagement”, which introduced a mindful co-design methodology foregrounding autonomy, dignity, inclusion and emotional wellbeing. Co-created tools—including the Good Life Kit, Let’s Meet Up! digital platform, This is Me life-storytelling game and ICanDo Service—were developed collaboratively with people with early to mid-stage dementia and validated in real-life contexts.

This work contributed to the development of the MinD Co-design Guidelines and MinD Recommendations, which promote equitable, empathic, and respectful involvement of people with dementia in research and design. These resources provide practical and ethical guidance for inclusive design, relevant for researchers, practitioners and policymakers.

The EbE model has since been successfully embedded in further initiatives (e.g.CAPTAIN, MOAI Labs, VITALISE, HOSMARTAI, AI4HOPE), where people with dementia actively contribute to problem framing, ideation and evaluation. In AI4HOPE (HE_Project:10113676), participants co-design AI-based tools for emotional self-regulation

and care planning. The co-creation process itself serves as an intervention, supporting agency and self-determination.

A living ethical framework—shaped by participants' values of empowerment, respect, altruism, usefulness and inclusion—guides facilitation practices. Recent pilot studies highlight the need for culturally sensitive, cognitively accessible and joy-driven approaches.

Challenges remain around continuity, scalability and impact evaluation. Addressing these requires embedding co-creation ethics into protocols, building inclusive facilitation capacity, and formally recognising experiential expertise.

This work aligns with the mission of the MinD Network to foster dignity, resilience and meaningful inclusion through mindful and participatory design in dementia research.

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POS17-28 - Moving from experiences to solutions with Public Involvement by building mathematical models together: multiple long-term conditions including dementia

Elspeth Mathie[1], Claire Goodman[1], Steve Milton[2], Reinhold Scherer[3], Melanie Handley[1]
[1]University of Hertfordshire, [2]Innovations in Dementia, [3]University of Essex

Background: Including the voices of those with lived experience in shaping health and social care research is vital. This paper considers public involvement in the MEDAL (Modelling the Experience of Dementia And other Long term conditions) study. Public Involvement can enhance trust and acceptance of health and care service models, accurately representing reality, minimising cultural bias, and thereby reduce bias in models and performance prediction.

Method: Over 18 months, members of the public worked with researchers to explore how experiences of using health and care services for long-term conditions (e.g. diabetes, heart failure) when living with dementia might be improved. A lived experience advisory group facilitated by Innovations in Dementia (n=9) and a series of co-production workshops with people living with and caring for someone with dementia (n=5) informed the building of mathematical models for testing changes to services. Community dementia support groups were also involved

Findings: Simplified models of the health and care system were used as tools for discussion, enabling people to share honest reflections on their own experiences. The variability of experiences introduced both challenges and opportunities, enabling the development of use-cases, personas, and scenarios that fit local needs and informed the modelling process. The discussions were rich, grounded in personal detail and highlighted a desire to improve

systems, however, shifting the conversations toward broader, system-level solutions proved more difficult.

Conclusion: The project highlights the additional 'involvement' work needed to transition personal narratives to more abstract, system-level perspectives. There is a broader need for trusted facilitation, accessible methods, and thoughtful relationship-building. Creating inclusive safe spaces where lived experience can meaningfully inform technical areas such as system modelling requires time, trust, and reciprocal engagement. Future research should focus on developing these enabling conditions, ensuring that diverse personal insights are not only heard, but effectively translated into systemic impact.

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POS17-29 - Co-producing the Sustainable Prevention Innovation and Involvement for Dementia (SPIN-D) Network+

Georgina Charlesworth[1], Clare Hammerton[2], Emily Paremain[2], Debra Gingell[2], Jacqueline Parkes[3], Jane Cross[4], Helen Dawes[2], Chris Fox[2]
[1]University College London, [2]University of Exeter, [3]University of Northampton, [4]University of East Anglia

'Network Plus' funding encourages network-building, engagement and co-production in research and knowledge exchange. The SPIN Dementia Network+, established in 2024, emerged from a shared commitment to deepen our collective understanding of brain health and translate this knowledge into tangible benefits for individuals at risk of dementia. Our core mission encompasses building a robust and collaborative national and international network focused on identifying effective strategies to reduce the risk of dementia, delay the onset of its debilitating symptoms, and ultimately lessen its profound impact on individuals, their families, and society. From its inception, the Network+ has placed Public, Patient Involvement and Engagement (PPIE) as a fundamental and non-negotiable principle, embedded in our organisational structure and permeating all network activities.

This presentation will detail the approach used to establish foundational structures for meaningful Involvement and engagement, thoughtfully building upon the rich and varied experiences of our network members and strategic partners, including individuals affected by dementia themselves, advocacy groups, and relevant community organisations. We will illustrate the concrete mechanisms to foster co-production, ensuring that the voices and perspectives of those with lived experience directly inform strategic decision-making, and show how our commitment to PPIE and co-production extends into key operational roles, such as the design and delivery of our flexible funding programme – ensuring that research priorities are aligned with the needs of the community – and the

collaborative planning and execution of innovative sandpit events, informative workshops, and impactful public engagement initiatives designed to raise awareness and foster dialogue.

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POS17-30 - The SPIN Dementia Network+ model for engaging with underrepresented groups for public involvement

Jacqueline Parkes[1], Clare Hammerton[2], Bettina Wallace[3], Diane Burbidge[4], Ruth Eley[5], Debra Gingell[2], Orii McDermott[3], Kritika Samsi[6], Emily Paremain[2], Chris Fox[2], Georgina Charlesworth[7]
[1]University of Northampton, [2]University of Exeter, [3]University of Nottingham, [4]Chinese Wellbeing, [5]Together in Dementia Everyday (TIDE), [6]King's College London, [7]University College London

A central tenet of the SPIN Dementia Network+ is the proactive dissemination of knowledge concerning brain health, dementia risk factors, and advancements in delaying symptom onset and mitigating dementia's impact to the wider public. Recognising the heterogeneity of the population, a key priority is to effectively engage diverse communities, particularly those often categorised as ‘hard to reach’ and consequently underrepresented in research and public engagement initiatives. Addressing this disparity is crucial for ensuring equitable access to vital information and fostering inclusive participation in research endeavours.

Drawing upon existing literature that highlights effective strategies for reaching underrepresented groups (including the work of Alzheimer Europe), the Network+ is developing a multifaceted model for public engagement. This model emphasises outreach in varied community settings, forging collaborations with partner organizations deeply embedded within specific populations, and employing a diverse range of communication formats. These formats include accessible animations, informative illustrations, concise articles, and impactful real-life narratives designed to resonate with different learning styles and preferences. Furthermore, the Network+ is committed to providing information in relevant languages and ensuring that visual and textual materials depict individuals representative of the target communities, fostering a sense of inclusivity and relevance.

This presentation will use case studies to illustrate the evolving model used by the SPIN Dementia Network+ to reach and engage diverse communities on topics of brain health and dementia, including the rationale behind the 'Dementia Champions' approach and preliminary insights into their effectiveness. The discussion will highlight the Network+'s commitment to equitable knowledge sharing and building meaningful connections with all segments of the population.

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POS17-31 - Early Career Researchers and PPIE partnerships within the SPIN Dementia Network+

Tomasina Oh[1], Martin Robertson[2], Nicolas Farina[1], Hannah Wheat[1], Emily Paremain[2], Georgina Charlesworth[3], Chris Fox[2], Jacqueline Parkes[4]
[1]University of Plymouth, [2]University of Exeter, [3]University College London, [4]University of Northampton

Recognizing the escalating global impact of dementia, the SPIN Dementia Network+ strategically prioritizes the engagement and development of Early Career Researchers (ECRs) as a vital investment in the future of brain health and dementia community support. Acknowledging the critical need for sustained growth in research capacity, the Network+ has established a dedicated ECR group to facilitate targeted communication and foster a supportive environment tailored to their specific needs and interests. This proactive approach ensures that emerging researchers are actively integrated into the Network's activities including public and patient involvement and engagement (PPIE) in dementia research.

SPIN-D has implemented specific initiatives designed to promote and prioritise ECR involvement. Sandpit events and flexible funding schemes are intentionally structured to encourage ECR participation, often with adaptations to enhance their access and leadership potential. Beyond targeted activities, the Network+ is committed to building a robust infrastructure of resources to bolster ECR career development. This includes facilitating meaningful connections with established research networks (e.g. INTERDEM Academy), fostering direct engagement with individuals who have lived experience of dementia, and developing processes for providing access to relevant and timely training programs.

This presentation will outline the strategic framework underpinning the Network+'s commitment to ECR -PPIE collaborations, showcasing concrete examples of how this approach has been implemented to date. We will explore the impact of targeted initiatives and the development of supportive resources on ECR engagement and career progression. Furthermore, we will discuss forward-looking plans and strategies for further strengthening ECR -PPIE collaborations within the SPIN Dementia Network+, ensuring a vibrant and capable research community dedicated to addressing the evolving challenges of brain health and dementia.

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POS17-32 - Enhancing Dementia Care Through Collaborative Living Labs: A Transdisciplinary And Multi-Setting Approach

Jolien Allart[1], Hanne Vankeersbilck[2], Laurine Peeters[3], Nieke Van Thuyne[4], Elise Cornelis[1]
[1]Centre for Research and Innovation in Health and Care, Artevelde University of Applied Sciences, [2]Nursing Home Het Heiveld, [3]Nursing Home Leiehome, [4]Curavi Nursing Home Eau de Gand

Introduction: The growing needs of people with dementia require innovative and collaborative solutions. Despite ongoing efforts, there remains a gap between existing practices and the potential for improvement. This project seeks to address these challenges through a dynamic living lab (LL) model in the Ghent region (Flanders, Belgium), aimed at enhancing care for older adults living with dementia.

Methods: The LL brings together a diverse group of stakeholders, including a health and care research group, eight nursing homes, two acute geriatric wards, one gerontopsychiatric ward, and a healthcare education faculty. Using a transdisciplinary approach, key participants such as healthcare professionals, older adults, caregivers, policymakers, researchers, and students in geriatrics and gerontology collaborate in the co-design process. The Experience-Based Co-Design (EBCD) methodology is employed to guide the identification of research priorities that address real-world challenges in dementia care.

Results: The LL creates a stimulating environment for learning, applied research, and innovation, fostering valuable knowledge exchange. Stakeholders actively contribute to the research process by generating questions, refining research designs, recruiting participants, collecting data, and advising on knowledge dissemination. Their involvement

significantly enhances healthcare innovation and improves both the quality and outcomes of practice-based research.

Key Conclusions: The LL model facilitates the translation of research into practical, sustainable solutions that can improve dementia care. By enriching educational programs and promoting continuous collaboration, it fosters long-term improvements in the quality of care for people with dementia. The approach encourages a dynamic exchange of expertise, ensuring that innovation remains closely aligned with the needs of those living with dementia and their caregivers.



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POS17-33 - The International Registry for Alzheimer's Disease and Other Dementias (InRAD): capturing real-world data to improve the lives of people with AD and their caregivers

Robert Hyde[1], Jean Vonsy[1], Johan van Beek[1], Casper de Boer[2], Wiesje M. van der Flier[2], Frank Jessen[3], Robert Perneczky[4]
[1]TW1 Healthcare Consulting Ltd, [2]Alzheimer Center Amsterdam, [3]Department of Psychiatry and Psychotherapy, University of Cologne, [4]Department of Psychiatry and Psychotherapy, LMU Hospital

Randomised controlled trials (RCTs) are essential for testing new treatments in Alzheimer's disease (AD), but important questions remain to be answered – such as evaluation of treatment in diverse patient groups and long-term follow-up. Increasingly, clinicians, regulators and healthcare systems recognise the need to complement RCTs with real-world data (RWD) that reflects everyday clinical care and disease progression. Ideally, healthcare professionals, rather than industry, are in the lead when designing such studies and data capture infrastructures.

Patient registries are a key way to gather relevant RWD. By linking people affected by AD to their doctors and clinics, registries can collect meaningful, long-term information - from diagnosis to routine monitoring. This helps confirm what we already know and uncover new insights.

The International Registry for Alzheimer's Disease and other dementias (InRAD, www.inradnetwork.org), a not-for-profit foundation, is a global collaborative network and IT infrastructure designed to support RWD research in AD. A standardised dataset, developed through international expert consultation, is now published in the Journal of Prevention of Alzheimer's Disease 2025 https://doi.org/10.1016/j.tjpad.2025.100096 and can be adopted

by any AD registry to promote harmonised data collection and subsequent global collaboration.

InRAD is building a free, secure, cloud-based platform that allows doctors to collect data during in-clinic visits, with RWD collection expected to commence in November 2025. The registry will include a patient overview graph to track each person's disease course, treatments, and key events.

The registry, designed to capture data on all medicines, supports national and international research partnerships to address key questions in AD. RWD collected through InRAD can enhance our understanding of AD progression, improve diagnosis and treatment, and guide policy and clinical guidelines.

The ultimate goal of InRAD is to empower doctors, patients, families, and care partners to contribute to a global effort to improve life for people with AD.

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POS17-35 - Strengthening dementia education in vocational training: the DEMPACT approach

Teuni Wolters
Alzheimer Nederland

Introduction: In the Netherlands, 80% of care and welfare professionals are trained at vocational (MBO) level. These (young) students often encounter people with dementia during their internships, yet education on this topic is limited and fragmented. As a result, they are underprepared when they start their professional career in dementia care. On the other hand, relevant insights from scientific research do not reach these future professionals for a variety of reasons. DEMPACT is a practice-oriented implementation project that aims to bridge the gap between research and practice, with education as a vital link.

Method: After identification of the possibilities for collaborations between researchers and MBO educators, DEMPACT uses multiple strategies to inspire, promote and facilitate collaborations between them by:

- establishing a national community of MBO educators who co-develop and test educational materials;
- supporting researchers in participant recruitment and in sharing knowledge at educational conferences;
- inviting educators to research consortium meetings;
- highlighting good practices in dementia education;
- interviewing researchers who previously developed educational resources.

Results: Researchers understand the educational context, including language, timeframes, and suitable formats, better as a result of the collaborations DEMPACT facilitates.

Researchers also report that engaging with educators broadens their perspective and leads to more practical, usable educational materials. Fourteen educational institutions are currently involved in the DEMPACT approach, accelerating the dissemination and sustainable use of research findings in MBO educational materials.

Conclusion: DEMPACT shows that implementation of research in educational material is possible with suitable collaboration strategies. By fostering low-threshold, practice-based collaborations, mutual understanding grows, resulting in high quality educational resources, leading to better preparation of future in dementia care.

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POS17-36 - "We do this together": Our reflective analysis on doing collaborative research involving people with dementia and academic researchers and implications for future studies

Jacoba Huizenga[1], Herma Tigchelaar[2], Gerda Van Tongerloo[3], Jean Pierre Wilken[2], John Keady[4], Nienke Bleijenberg[2], Tine Van Regenmortel[5], Sascha Bolt[2]
[1]HU, [2], [3]on behalf of Brain Power, [4]University of Manchester, [5]KU Leuven

In recent years, there has been a growing focus on incorporating the perspectives and experiences of people with dementia into research. However, collaborative research that engages with their everyday lives remains limited. Our research project on everyday life with dementia was conducted in the Netherlands by a team comprising academic researchers and a co-researcher group of six people with dementia, known as Brain Power. This study aims to reflect on the processes that underpinned this collaboration over a two and a half year period. During the presentation, a co-researcher with dementia and an academic researcher will jointly share the lessons they have learned.

To identify significant moments in the collaboration, individual reflections from Brain Power members and academic researchers, as well as three joint group reflection meetings, were employed. Transcripts from the meetings were analysed using reflective thematic analysis. This process resulted in five key themes: 1) Forging a group identity; 2) Learning together as a driving force of co-creation; 3) Sharing experiences to transform perceptions of dementia; 4) Valuing everyday life; and 5) Carrying on our work together. These themes are illustrated with descriptions of the ways of working, reflections, and examples, drawing on transcripts of 21 meetings and field notes. The results indicate that collaborative research with people with dementia is feasible and enriching, adding an additional level of understanding and authenticity. It requires specific skills for both academic researchers and

co-researchers with dementia to meet the collective aims and vision. Our findings may inform collaborative research in other settings and with other populations.

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POS17-37 - Involving people with dementia in developing tools to help support well-being: Learning from co-developing the IDEAL resource My Life Today.

Claire Pentecost[1], Anna Hunt[1], Rachael Litherland[1], Catherine Quinn[2], Catherine Charlwood[1], Robin Morris[3], Linda Clare[1]
[1]University of Exeter, [2]University of Bradford, [3]Kings College London

Background: Self-management resources for people with dementia could help to augment the often-limited support available to people following a diagnosis of dementia and promote the capability to manage life with the condition. Unfortunately, such resources are scarce. As part of the IDEAL research programme, we aimed to co-develop a suite of resources to support people with mild-to-moderate dementia and promote well-being and quality of life. Here we focus on one of these: the My Life Today (MLT) resource.

Although there is evidence of the general influences on well-being for people with dementia, well-being and quality of life are highly individual.

Method: We started by holding discussions with six people with dementia to identify priorities. We established the need to identify and plan behaviours that contribute to individual well-being. A booklet format was agreed to record preferred activities, make plans, and note progress. The group provided wording and co-designed the layout and design features.

Sixteen people with mild-to-moderate dementia were asked to use the MLT booklet for 1-2 months and were then interviewed. Four carers who provided support to use MLT were also interviewed. Interviews were analysed using realist principles.

Findings: People with dementia used MLT differently according to their views of its usefulness, their capabilities, and whether they had support. Using MLT helped people with

dementia feel reassured about themselves and their achievements. Carers benefited from planning pleasurable activities and problem-solving with the person with dementia.

We discussed the findings with the group and implemented improvements to MLT.

Conclusion: The resources address a need for people with dementia to manage their well-being. They can be used flexibly, and with or without support.

We intend to involve people with dementia as collaborators in a future study to understand how to incorporate well-being resources in dementia support services.

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POS17-38 - Adapting wellbeing questionnaires to facilitate self-completion by people with dementia. Challenges and opportunities for integrating public involvement

Katie Breheny, Oliver Cook, Hugh McLeod
University of Bristol

Background: When developing and adapting questionnaires, including the users' perspective is critical to ensuring the methodology is appropriate and the measure is feasible and acceptable. People with dementia (PWD) can experience challenges completing questionnaires, particularly late in the disease pathway. Questionnaires can however be adapted to facilitate self-completion for longer. The ICECAP-O is a measure of capability-wellbeing in older adults and is designed for use in economic evaluation of health and care interventions. We aimed to adapt the ICECAP-O to be easier to complete for PWD. We report how we have used public involvement to shape our study design and the adapted questionnaire.

Methods: A researcher attended two dementia cafes in the UK. Dementia cafes are opportunities for PWD and carers of PWD to socialise, hear about local services and participate in activities. The draft questionnaires were also discussed in public involvement meetings with carers of PWD and PWD. To ensure the interview methodology was appropriate and feasible, carers of PWD and PWD were consulted on key aspects of the study design. They also reviewed the protocol and study documentation.

Results: Engaging with PWD proved more difficult than carers of PWD. Attending dementia cafes was a valuable opportunity to meet multiple PWD in an informal environment, although meetings were irregular and agendas set well in advance.

Carers of PWD provided important recommendations on interview methodology, including making study materials accessible and assessing capacity to consent. Involving PWD was looked upon favourably by the ethics committee, although many committee recommendations conflicted with the recommendations of public contributors (e.g. including complex data protection information).

Conclusions: Public involvement is critical to the success of questionnaire adaption, although challenging. Solutions, opportunities and recommendations for using public involvement in future studies will be discussed.

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POS17-39 - Recruitment campaign targeting patients with mild cognitive impairment or dementia via the Dutch Brain Research Registry

Lisa Waterink[1], Tessa Jansen[2], Florence van der Zee[2], Marlijne Boumeester[2], Floor Duits[2], Sietske Sikkes[2], Wiesje van der Flier[2], Marissa Zwan[2]
[1]Alzheimer Center Amsterdam, [2]

Introduction: The Dutch Brain Research Registry (DBRR) is an online platform that facilitates participant recruitment for brain-related research. Recruitment of participants with mild cognitive impairment (MCI) or dementia remains challenging. To increase the number of patients in the registry, a targeted media campaign was implemented.

Methods: Before the campaign, 776 registrants reported having a diagnosis of dementia or MCI (~2% of ±39.000 DBRR-registrants). The targeted campaign ran for one month (12 November - 15 December 2024), utilizing earned, owned, and paid media channels. Paid media consisted of storytelling-based branded content via print, online articles, and audio ads (costs €28.000). Content was developed consulting a patient panel and produced in collaboration with a media group. Earned and owned media were used to enhance visibility of paid media. These included newsletters distributed by partner organizations (earned) and social media posts (owned). Eligible registrants with a self-reported diagnosis of MCI or dementia were invited to participate in four studies: one online study, two longitudinal online-cohort-studies, and one medication trial. Participants were allowed to take part in multiple studies.

Results: In total, 375 individuals registered during the campaign (67% female, mean age 63, costs €74,65 per registrations) of which 45 with self-reported diagnosis of MCI or dementia (6% increase, costs €622,22 per patient). The campaign ultimately led to 37

study-inclusions (costs €756,76 per participant) which were distributed as follows: 17 in the online study, 18 in the online longitudinal cohort-studies, and 2 in the medication-trial.

Discussion: A short targeted media campaign increased the number of patients with mild cognitive impairment (MCI) or dementia by 6% for an online recruitment registry, though costs were high. Recruitment for online studies resulted in more inclusions compared to a medication trial. These findings underscore the ongoing challenge of reaching targeted clinical populations - even through a specialized online recruitment platform.

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POS17-40 - Supporting Self-Report in Dementia Research: Communication Practices in Standardised Questionnaires

Hannah Wheat[1], Hannah Wheat[1], Rebecca Woods[1], Lorna Smith[2], Ilianna Lourida[3], Tomasina Oh[1], Nicolas Farina[1]
[1]University of Plymouth, [2], [3]University of Exeter

Understanding whether an intervention is effective requires collecting data on recipients' outcomes and experiences, often using standardised questionnaires. In dementia research, people with dementia are frequently excluded from completing such measures due to concerns about their capacity to provide reliable data. Instead, proxies, typically unpaid carers, are often relied upon. However, studies have shown that when given the opportunity, people with dementia can respond to questionnaires accurately, suggesting greater efforts should be made to support their direct participation.

Most efforts to facilitate self-reporting among people with cognitive impairment have focused on pre-testing tools through methods such as cognitive interviewing. Less emphasis has been placed on communication practices during questionnaire administration, which may influence participants' engagement and the accuracy of their responses. This study examined how such practices shaped responses to the Patient Experience of Care and Coordination Instrument (PERCCI), within a broader evaluation (D-PACT) of a dementia intervention.

Seventeen audio-recorded questionnaire sessions were analysed. Two researchers independently produced semi-structured observation notes guided by principles of conversation analysis, which were then discussed and refined. Findings revealed that researchers varied substantially in how they delivered instructions. Explanations were often vague or jargon-laden, resulting in confusion and misaligned responses. Questionnaire design feature, such as ambiguous referents and shifting focus, further impeded comprehension. Researchers sometimes reformulated items to support understanding,

which could improve engagement but also introduced risks of bias and increased administration time. The presence of carers could undermine the confidence of the person with dementia or complicate responses to carer-directed items. Participants themselves sometimes commented on item wording, demonstrating understanding of item content and relevance.

This study highlights the importance of communication practices in enabling people with dementia to self-report. However, any adaptations must be carefully considered in relation to their impact on data quality and validity.

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POS17-41 - Strengthening Participation and Public Engagement in Dementia Research: The Role of Demenz Selbsthilfe Austria in the LETHE-AT Project

Johanna Pueringer
Demenz Selbsthilfe Austria

The umbrella organization Demenz Selbsthilfe Austria (DDSA) is a key partner in the national project LETHE-AT which aims to foster networking of relevant stakeholders and will run throughout Austria from April 2025 to March 2027. The aim is to promote participation in scientific processes by people with dementia and their relatives, as well as people who are at high risk of developing dementia due to their lifestyle and to involve the public more closely in dementia research and prevention. The project is part of a broader effort to democratize scientific processes by involving people with dementia, caregivers, and self-help organizations in shaping research and prevention priorities and communicating scientific knowledge to society in a transparent and participatory way.

Within LETHE-AT Demenz Selbsthilfe Austria plays a dual role: as a representative of lived experience and as a bridge between research, academic institutions and the broader community.

In formats such as co-creative workshops, public participation and training courses, people with lived experience are involved in order to prepare scientific findings in dementia prevention through AI-supported interventions in an understandable way and to help shape aspects of ethics.

The poster presentation will show how the participation of Demenz Selbsthilfe Austria in LETHE-AT strengthens inclusive research approaches and builds sustainable networks between civil society, science and medicine. At the same time, approaches are presented on how scientific content can be prepared in target group-oriented, accessible formats for

public - an important step on the way to a more dementia-friendly and research-informed society.

With this poster-presentation Demenz Selbsthilfe Austria would like to inspire further cross-sectoral collaboration and make visible and strengthen the role of self-help in shaping the future of dementia research, policy and prevention.

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POS17-42 - The Dutch Brain Research Registry Facilitating Participant Recruitment for Brain-Related Studies in the Netherlands: Progress, Developments, Challenges and Successes

Lisa Waterink[1], Florence van der Zee[2], Tessa Jansen[2], Daphne Nijland[2], Floor Duits[2], Sietske Sikkes[2], Wiesje van der Flier[2], Marissa Zwan[2]
[1]Alzheimer Center Amsterdam, [2]

Introduction: The Dutch Brain Research Registry (DBRR) is an online platform that supports researchers with recruitment and prescreening from the general population for brain-related studies. The DBRR recruits individuals aged 18 and older with or without a brain disease. Our aim is to provide insight into registrants' recruitment into different research studies, registry growth, highlight recent platform developments, and discuss key challenges and successes.

Methods: Registrants' recruitment between November 2019 and December 2024 is presented in referral-rate (number invited/number referred) and enrolment-rate (number enrolled/number invited) for total serviced studies and categorized in 1) online, 2) observational and 3) intervention. Targeted campaigns were conducted to increase number of registrants with prevention potential, depression and dementia diagnosis. Developments involved the launch of a study partner-portal for patient support, and APOE-genotyping to optimize prescreening and storage of biomaterials for future studies (DBRR Biobank).

Results: As of 2019, the DBRR registrants increased from an estimated 18,100 to 39,200 registrants (73%F, age 64±13 and 35% low educated), and facilitated recruitment for 65 projects (28 online, 19 observational and 18 intervention), and achieved 53,995 referrals and 41,271 enrolments. Recruitment for online studies was most effective (Table 1). Recruitment campaigns targeting healthy volunteers resulted in more registrations compared to patient groups (prevention potential *n*=13,795*;* depression *n*=978 and

dementia *n*=375; Figure 1). Currently, 362 signed up with a study partner, 2,558 have known APOE-status and 1,854 provided material for the Biobank.

Discussion: The DBRR is successful in recruiting participants for brain-related studies in the Netherlands, as demonstrated by the significant growth of the registry and numerous studies facilitated. Its primary success lies in being able to facilitate a wide range of studies, including those focused on psychiatry and neurodegenerative conditions. Key challenges are ensuring the platform's long-term sustainability, improving diversity among registrants, and effectively reaching specific patient groups.

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POS17-43 - Partnering for Inclusion: Co-Creating Dementia-Friendly Initiatives Using the Triple Process Structure.

Marjolein Thijssen[1], Wietske Kuijer-Siebelink[2], Ton Satink[3], Maud Graff[2]
[1]HAN University of applied science, [2]Radboudumc, [3]HAN University of applied sciences

Dementia-friendly initiatives (DFIs) aim to promote inclusion and participation of people with dementia and their carers. However, their involvement often remains symbolic. This project builds on the thesis of Thijssen and explores how to strengthen the meaningful inclusion of people with dementia and carers as experts by experience in the development and sustainment of DFIs.

The study applies the Triple Process Structure, an action research model comprising three interconnected processes. In the joint inquiry, people with dementia and carers collaborate with professionals and volunteers to shape dementia-friendly practices. In the collaborative review, they reflect on this process and identify conditions that support or hinder meaningful involvement. In the theorizing phase, researchers synthesize insights into a revised framework and practical guidance. Instead of viewing theory and practice as separate, this model promotes their continuous interaction. The researcher is expected to actively intertwine the three processes and to develop both content-related and process-related competencies to support this integration. Principles of relational working, equity, and mutual learning guide the approach throughout.

The oral presentation will share preliminary insights, highlighting how people with dementia and carers engage in collaborative processes and what factors influence inclusion. Examples from all three stages of the Triple Process Structure will be used to illustrate emerging forms of collaboration, reflection, and learning.

Organizational and institutional themes are also coming into focus. Early signals suggest potential shifts planning processes, and organizational flexibility to enable more inclusive collaboration. At the institutional level, a movement away from deficit-based thinking toward a strength-oriented framing of dementia is being explored, aligning with asset-based community development.

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POS17-44 - Caregiver Stress and Cortisol Levels Exacerbate Cognitive Decline in Alzheimer's Patients: A Longitudinal Proteomic Study

Maximina Rodríguez Fernández[1], Irma Otero Vázquez[1], Sara Otero Vaquero[1], Beatriz Rodríguez Álvarez[1], Juan Carlos Rodríguez Bernárdez[1], Iván Rarís Filgueira[2], Esteban Fernández Figueiras[3], Tania Rivera Baltanás[4], Andrea Pérez Rivas[4], María Sánchez Luaces[4], Marta Iglesias Martínez-Almeida[4], José Manuel Olivares Díez[4], Carlos Spuch Calvar[4]
[1]AFAGA ALZHEIMER, [2]Cluster Saude Galicia, [3]AFAGA AZLHEIMER, [4]IISGS

Alzheimer's disease burdens caregivers physically and emotionally, risking their health with chronic stress, depression, and illness. Poor caregiver health may reduce care quality, worsening patient outcomes. This study examines how caregiver stress impacts Alzheimer's cognitive decline, measuring stress levels in families relative to disease severity. Supporting caregivers is vital for both their well-being and patient care.

We recruited 150 volunteers for the study: 75 individuals diagnosed with Alzheimer's disease and 75 caregivers. A longitudinal study was conducted over one year. The caregivers were the primary caregivers for each individual with Alzheimer's disease. Demographic data were collected from all participants, cognitive levels were evaluated using the CAMCOG scale, and two saliva samples were taken, one at the beginning and one at the end of the study. Salivary cortisol levels were measured using an ELISA kit. Proteomic analysis of the saliva samples was performed using a shotgun approach with LC-ESI-MS/MS.

The caregivers were predominantly spouses or family members, with women comprising the majority (66%) and a mean age of 57.83 years. The individuals diagnosed with

Alzheimer's disease had a mean age of 79.17 years, with 78% having Alzheimer's disease and 22% presenting mild cognitive impairment.

At the start of the study, the recruited volunteers were not stressed, except for the group of male caregivers, who exhibited elevated cortisol levels that persisted throughout the program. Conversely, female caregivers did not exhibit increased cortisol levels. When correlating stress levels with CAMCOG scores.

Caregiver stress, especially in men, accelerates Alzheimer's cognitive decline. High cortisol in male caregivers alters immune and stress pathways, worsening patient health. Patients with stressed caregivers show greater cognitive loss, particularly in language and time orientation. Mitigating caregiver stress improves their well-being and patient prognosis, highlighting the need for support programs.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

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POS17-15 - The Dementia Community Research Network: Connecting Communities for Better Dementia Care

Geeti Kabra, Dr Olivia Luijnenburg, Dr Lesley Williamson, Dr Annabel Farnood
King's College London

Background: The Dementia Community Research Network (DCRN) is a network of researchers, community members, and public partners from South London working together for better dementia care. It involves community support groups for people living with dementia, dementia researchers, and members of the public with lived experience. Community networks have been found to increase engagement with research and facilitate building relationships.

Aims: The DCRN aims to make dementia research accessible to people from all backgrounds through sustained collaboration and sharing knowledge among its members. Since research informs care, the goal of the DCRN is to make research more inclusive through the involvement of people from minoritised ethnic communities affected by dementia.

Methods: The DCRN conducted a co-production workshop with public members and community partners to co-develop its aims. These aims are achieved through an ongoing process of research collaboration and knowledge exchange, which involves the DCRN bringing together stakeholders in dementia care and applied dementia research. This also includes the annual DCRN public engagement event that showcases community services and up-to-date research evidence and opportunities to the local community.

Results: The initial co-production workshop informed the aims of the DCRN, to increase inclusivity in dementia research by involving underrepresented groups and sharing knowledge amongst its members. As the South London community, dementia support, and

research projects are never static, the monthly meetings and ongoing engagement activities aid in progressing better inclusion in dementia support and research on a long-term basis. DCRN members have been involved in several research projects to date, through co-developing study materials, helping with recruitment, and setting up research proposals.

Conclusion: Through continuous engagement and communication, the DCRN aims to push for more inclusion in dementia support and research and works to achieve these through community engagement.

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Sessioni ITALIANE: Interventi psico-sociali per il benessere psico-fisico delle persone con demenza e dei loro caregiver (Alzheimer Uniti Italia)

07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-10 - Progetto amico: counselling in rete

Annaguya Fanfani[1], Simona Mazzagatti[2]
[1]SUPSI, [2]Croce Rossa Ticino

La demenza a esordio precoce (YOD), che ha il suo esordio prima dei 65 anni, è in costante aumento, come emerge dalle ricerche riportate dal Protocollo di ricerca dello studio NeedYD (Needs in Young onset Dementia), dove si evidenzia che I tassi di prevalenza della demenza ad esordio precoce (YOD) sono stati segnalati variare tra 54 e 260 casi ogni 100.000 nella fascia di età 30-64 anni. L'evento, completamente inatteso ed in una fase della vita ancora molto attiv, ha ricadute significative non solo nella persona che ne è colpita, ma anche nel coniuge e nei familiari che ancora dipendono da lei/lui.

Gli interventi psico-sociali in tale ambito sono agli esordi ed in fase sperimentale. In Ticino è stato istituito, all'interno della Croce Rossa Ticinese, un servizio di supporto e di accompagnamento per coloro che sono colpiti da YOD e per i loro familiari. Il counselling psico-sociale, riconosciuto a livello cantonale da SGfB (Associazione Svizzera di Consulenza), si definisce *come un sostegno professionale nei processi decisionali e di cambiamento ed ha l'obiettivo di alleviare la pressione della sofferenza,* è risultato un valido strumento per supportare ed implementare le risorse dei familiari e caregiver.

Inoltre è stato utilizzato anche nelle prime fasi della malattia per orientare il paziente nei vari passaggi decisionali e nell'inserimento nei servizi in rete.Il progetto è nato da poco, circa 18 mesi, ma ha al suo attivo 4 gruppi di sostegno per familiari di cui uno specifico per adolescenti e giovani adulti. Sono presenti 5 counselor qualificati anche per incontri individuali ed un counselor supervisore, che in maniera periodica, supervisiona l'èquipe ed i counselor. Il grado di soddisfazione dei familiari risulta essere elevato esprimendo un

maggior senso di orientamento e di sollievo, pur rimanendo chiaramente il dolore dell'evento.Il progetto sarà accompagnato da ricerche statistiche in Corso.

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POSIT01-08 - Ortoterapia in Fattoria: il Lavoro della Terra come strumento di supporto per Persone che vivono con la Demenza ad Esordio Precoce

Leonardo Dalla Costa
Azienda Agricola Ca' dell'Agata

L'**ortoterapia** è sempre più riconosciuta come un prezioso **intervento non farmacologico** nella cura della demenza. Lavorare con le piante e la terra in contesti naturali stimola le capacità cognitive, regola le emozioni e favorisce l'attività fisica, valorizzando l'identità e l'autostima. Per le persone con **demenza ad esordio precoce** (Young Onset Dementia - YOD), spesso ancora **fisicamente e socialmente attive**, con figli ancora giovani e da poco uscite dal mondo del lavoro, un programma di attività in fattoria rappresenta una forma di supporto significativa.

Nella **provincia di Vicenza**, una rete di **quattro associazioni** che si occupano di demenza ha progettato un intervento di ortoterapia, attivo in **quattro aziende agricole** didattiche e sociali, per coprire il fabbisogno del territorio provinciale. Al suo secondo anno di attività, l'iniziativa da risposta alla mancanza di servizi adeguati per le persone con YOD, offrendo uno spazio dinamico ed inclusivo.

I partecipanti prendono parte a **sessioni settimanali** che seguono il ritmo delle stagioni, svolgendo attività di orticoltura adattate alle proprie abilità. Le attività sono guidate da **volontari** formati e da uno **psicologo** esperto, garantendo un equilibrio tra sostegno emotivo, struttura e flessibilità.

L'ambiente di lavoro della fattoria promuove senso di scopo, impegno fisico e contributo sociale, elementi spesso ridotti nei contesti di cura più passivi. I partecipanti riferiscono di

sentirsi “di nuovo utili”, mentre i familiari notano miglioramenti nell’umore, nella reattività e nel benessere generale.

Elemento centrale del progetto sono le **“Feste in Fattoria”**, eventi stagionali che coinvolgono le famiglie in momenti di condivisione e gioia, rafforzando i legami e aprendosi alla comunità.

Il progetto ha ricevuto un finanziamento dalla **Regione Veneto** nel 2023 e da **Confagricoltura** nel 2024 come uno dei migliori progetti italiani di agricoltura sociale. Integrare natura, comunità e cura centrata sulla persona rende questo **modello replicabile** nel contesto italiano per le persone con YOD.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-12 - Il progetto "IntegralMente" sul territorio del Pinerolese, Piemonte occidentale

Marcello Galetti[1], Marcello Galetti[1], Aude Klein[1], Katia Castellano[2], Federica Gallo[3]
[1]Diaconia Valdese, [2]consorzio servizi sociali CISS Pinerolese, [3]aslto3

Il territorio del Pinerolese (Piemonte occidentale) comprende aree cittadine e montane, conta 130.000 abitanti, 45.000 ultrassessantenni, spesso isolati e lontani dai servizi. In questo contesto è attivo dal 2017 il gruppo di lavoro *Rete Demenze del Pinerolese*, che comprende enti pubblici del settore sanitario e sociale, enti del sociale non profit e famigliari, dalle cui riflessioni è nato il progetto IntegralMente. Considerata la scarsità di servizi per le persone con demenza e Parkinson dopo la diagnosi e il conseguente affaticamento delle famiglie, il progetto si pone questi obiettivi:

- integrare le attività già esistenti per le fasi iniziali (ambito diagnostico/terapeutico-farmacologico, strutture residenziali e semi residenziali, servizi domiciliari, cafè alzheimer, gruppi di auto-mutuo aiuto, progetti dementia friendly communities, incontri di sensibilizzazione per la popolazione, giornate di valutazione della memoria) con attività specifiche di stimolazione, supporto e socialità che fungano anche da prevenzione secondaria;
- migliorare la qualità di vita;
- favorire la stimolazione cognitiva e relazionale;
- supportare le famiglie e avvicinarle ai servizi sociosanitari;
- ritardare e ridurre l'istituzionalizzazione;
- mantenere le persone a casa
- diminuire la solitudine.

Le attività del progetto sono: stimolazione cognitiva; progetti DemenTalent; gruppi di movimento; gruppi di socialità; interventi OSS a domicilio mirati; sostegno psicologico alle famiglie; terapia occupazionale a domicilio.

Nei primi tre anni di attività sono state prese in carico 228 persone (82% demenza, 18% Parkinson) redienti in 35 dei 47 comuni del territorio, altre 162 sono state indirizzate ad altri servizi sociosanitari. I risultati sono evidenti in termini di avvicinamento ai servizi sanitari (il 77% non aveva pratica UVG attivata), diagnosi precoce, sinergia con il territorio, l'ambito sociosanitario pubblico/privato e con il mondo estraneo ai servizi. Inoltre le attività hanno permesso alle famiglie di fare fronte comune, di sentirsi accompagnate, diminuendo così il loro senso di isolamento

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POSIT01-17 - Un intervento su misura di Comunicazione Aumentativa ed Alternativa in un caso di Demenza avanzata: un caso clinico

Raffaella Gagliozzi[1], Danilo Atripaldi[2], Martina Scognamiglio[1], Agostino Borroso[1], Fabio Matascioli[1]
[1]TAM Association "Tieni A Mente-OdV", [2]Department of Advanced Medical and Surgical Sciences, University of Campania "Luigi Vanvitelli"

Introduzione: La comunicazione rappresenta un'abilità essenziale per l'interazione sociale. La demenza ha un impatto significativo sulle capacità di comunicazione e sono necessari approcci compensativi per interagire con la persona. La Comunicazione Aumentativa e Alternativa è stata valutata come una valida opzione terapeutica per i pazienti affetti da demenza [1,2]. Il caso clinico presentato si concentra su un intervento di comunicazione personalizzato eseguito in un contesto di assistenza domiciliare.

Caso: Il caso attuale riguarda una donna di sessant'anni affetta da demenza in fase avanzata, afasia non fluente e grave disprassia motoria. Le attività quotidiane funzionali, come la toelettatura e gli spostamenti, potevano essere svolte solo con l'assistenza di un'altra persona. La presenza di sintomi neuropsichiatrici (apatia e umore depresso) associati a una limitata coordinazione oculomotoria avrebbe potuto compromettere la compliance al trattamento. La valutazione anamnestica ha rivelato la presenza di hobby premorbosi, come il découpage e la lettura, interrotti a causa della malattia. Il trattamento con CAA si è quindi articolato in due fasi: durante la prima fase, la riattivazione sensoriale e motoria è stata effettuata attraverso attività manuali all'interno di un setting di arteterapia, volta a stimolare la coordinazione delle mani e l'intento comunicativo; la seconda fase è stata mirata alla costruzione di un sistema di comunicazione personalizzato. La seconda fase è stata finalizzata alla costruzione di un sistema di comunicazione personalizzato,

realizzato con semplici supporti visivi [3](attraverso l'uso di flashcard o di un tablet). Lo stesso sistema è stato utilizzato per leggere e comprendere storie e per svolgere attività di storytelling.

Discussione: La CAA offre strumenti e strategie che aumentano le opportunità di trattamento delle persone affette da demenza, supportando i casi che presentano esigenze comunicative complesse [1,3]. Un approccio personalizzato garantisce una migliore compliance al trattamento [2]. Necessari ulteriori studi sistematici per valutare approcci AAC nella demenza.

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Sessioni ITALIANE: Interventi psico-sociali per il benessere psico-fisico delle persone con demenza e dei loro caregiver (Alzheimer Uniti Italia)

07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-05 - Cosa sono i Centri d'Incontro? Tre esperienze a confronto

Leonora Chiavari
Atelier della Mente

Il Meeting Centres Support Programme (MCSP, programma di cura basato sui Centri d'Incontro) nasce in Olanda per rispondere ai bisogni delle famiglie che assistono a domicilio una Persona Con Demenza (PCD) nelle fasi iniziali e moderate e approda in Italia nel 2015 grazie al progetto di ricerca europeo MeetingDem.

Lo studio MeetingDem ha validato il modello MCSP e lo ha adattato alla realtà italiana.

Le caratteristiche principali del MCSP, che lo differenziano da altri programmi di cura per le demenze, sono: - offre un supporto integrato rivolto sia alla PCD che al caregiver. Al Centro d'Incontro (CI) vengono offerte attività rivolte alla PCD (psicomotricità, stimolazione cognitiva, attività ricreative), attività rivolte al caregiver (gruppi educativi e di supporto psicologico) e attività rivolte ad entrambi (laboratori occupazionali, gite); - accoglie persone con demenza nelle fasi inziali e moderate della malattia per sostenere la cura a domicilio; – deve essere collocato in uno spazio ben radicato sul territorio, facilmente accessibile e non medicalizzato; - incentiva la partecipazione attiva della diade al percorso di cura anche attraverso momenti di confronto in riunioni plenarie; - le attività psicomotorie e di socializzazione vengono offerte in ogni giornata di apertura del Centro d'Incontro; - l'equipe è formata da operatori formati secondo il modello MCSP.

Dal 2022 ad oggi Atelier della Mente ha aperto e gestito 3 Centri d'Incontro a Milano e Segrate (MI) declinando le caratteristiche sopra descritte in tre differenti realtà. Verranno descritti, per ognuna delle tre realtà, il processo di avviamento dei Centro d'Incontro e gli

adattamenti delle caratteristiche del modello che hanno riguardato gli orari di apertura, gli spazi, la sostenibilità economica, l'integrazione con la rete territoriale e il percorso di accoglienza della diade.

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POSIT01-06 - Il Primo Centro D'Incontro Di Segrate (Mi): Risultati Sul Gradimento E Sugli Effetti Della Partecipazione A Un Anno Dall'Apertura

Leonora Chiavari
Atelier della Mente

In questo studio presentiamo i primi risultati di un'indagine sul gradimento e sugli effetti della partecipazione al Centro d'Incontro sulla qualità di vita, sull'umore e sulla socialità per le persone con demenza e per i loro caregiver.

I Centri d'Incontro (CI) sono il cuore del Meeting Centers Support Program (MCSP), sviluppato in Olanda e sperimentato con successo in Italia grazie al progetto di ricerca europeo MeetingDem. I Centri d'Incontro offrono un supporto congiunto (vengono organizzate attività rivolte alla PCD, attività rivolte al caregiver e attività rivolte ad entrambi), accolgono PCD nelle fasi inziali e moderate, si collocano in luoghi integrati nel territorio, accessibili e non medicalizzati, incentivano la partecipazione attiva al percorso di cura, offrono occasioni di socialità e attività psicomotoria gestite da un'equipe formata secondo il modello MCSP.

L'indagine è stata effettuata presso il CI di Segrate aperto a settembre 2024 ed è in corso. I dati raccolti per la descrizione del campione sono: status socio-economico, diagnosi, altri servizi territoriali, occupazione e parentela (caregiver). Gli strumenti utilizzati sono: - due questionari di gradimento (uno per PCD e uno per caregiver) per indagare: il gradimento generale e delle attività, la socialità, il benessere e l'utilità percepiti; – due focus group (uno per PCD e uno per caregiver) volti a rilevare gli effetti del CI sulla qualità di vita, sulla socialità; - tre scale auto compilate per i caregiver per la valutazione dello stress (Caregiver

Burden Inventory), delle competenze di cura percepite (The short Sense of Competence Scale) e degli aspetti positivi del caregiving (Positive Aspect of Caregiving).

Gli strumenti sono stati somministrati alle diadi che frequentavano da almeno 6 mesi. Stimiamo di raccogliere 20 questionari per i caregiver e 15 questionari per le persone con demenza. Verranno presentati i risultati della prima fase dell'indagine che si chiuderà a giugno.

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POSIT01-19 - Il Centro d'Incontro: un intervento efficace per il benessere delle persone con DNC e dei loro caregiver

Caterina Pacenza, Grazia Macchieraldo, Chiara Villa, Giulia Bartoccioni, Luisa Crescimanna, Silvia Zerbeloni
Piccolo Principe

Diverse revisioni della Letteratura hanno dimostrato che i programmi di supporto multicomponente sono più efficaci delle singole attività di supporto per le persone che vivono con un DNC e per i loro caregiver. gli assistenti familiari.

Il Programma di Supporto realizzato nei Centri d'Incontro (MCSP) offre un pacchetto integrato di assistenza e supporto sia per la persona con DNC che per i suoi caregiver:

- attività cognitive e motorie di gruppo per la persona con DNC (3 volte alla settimana)

- gruppo di supporto e psicoeducazione per i caregiver

- attività condivise (arteterapia, danza movimento terapia, musicoterapia, gite, laboratori creativo-espressivi, etc.) alle quali è invitata l'intera famiglia

- consultazioni settimanali e regolari per entrambi

- "riunioni plenarie" per confrontarsi e decidere le attività da svolgere.
Il MCSP è centrato sulla persona, in sintonia con i bisogni, le capacità e i desideri individuali; si concentra sull'aiutare le persone ad affrontare i cambiamenti che il Disturbo NeuroCognitivo comporta e le supporta. E' erogato in luoghi accessibili che facilitano

l'inclusione sociale e l'integrazione nella comunità e opera con l'obiettivo di contrastare la frammentazione dei servizi.

La soddisfazione delle persone con DNC cresce significativamente nel tempo ed anche i caregiver mostrano una diminuzione del burden man mano che frequentano i centri.

Il MCSP si basa teoricamente sul modello Adaptation-Coping che spiega come la diade per adattarsi al meglio alla diagnosi debba affrontare cambiamenti di diversa natura: pratici (vivere con la disabilità, sviluppare relazioni con i professionisti della salute, etc.), emotivi (sperimentazione di sentimenti altalenanti, mantenimento di un'immagine di sè positiva, preparazione ad un futuro incerto, etc.) e sociali (costruzione di nuovi network relazionali, sviluppo di relazione di cura e assistenza, etc.).

Tutti questi aspetti li rendono più attraenti rispetto all'assistenza diurna istituzionale e rende più facile per le persone utilizzare il supporto fin dalle prime fasi della malattia.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-09 - I Centri Di Incontro (Meeting Centers) In Provincia Di Modena

Giulia Despini[1], Chiara Barbanti[2], Elisa Sirotti[2], Annalisa Baglieri[2], Valentina Reda[2], Giada Giorgi[2], Chiara Iorio[2], Luca Caselli[2]
[1]Associazione G.P. Vecchi Pro senectute et dementia odv (MO), Italia, [2]

I Meeting Centers (MC) nascono nel 1993 ad Amsterdam, ad opera di Rose Mary Droes, come interventi psicosociali a bassa soglia rivolti alle persone con demenza ed ai loro caregiver. In Italia il modello MC è stato adattato con il coordinamento del Prof. Rabih Chattat. Attualmente sul territorio di Modena sono attivi quattro Centri di Incontro: a Vignola, Formigine, San Prospero e Modena.

Presentiamo dati quantitativi e qualitativi dei Centri di Incontro in provincia di Modena, per evidenziare il bacino di utenti coinvolti, il ruolo dei MC sul territorio ed i benefici percepiti dai partecipanti.

Abbiamo raccolto dati relativi al numero di ingressi, presenze medie giornaliere, partecipanti dimessi e drop out. Infine, abbiamo raccolto anche commenti, in forma anonima, di partecipanti e familiari rispetto al gradimento dell'esperienza e delle attività presso i MC.

I dati raccolti evidenziano una partecipazione costante nei quattro Centri di Incontro, con una crescita progressiva delle presenze giornaliere. La maggior parte dei partecipanti giunge su invio diretto dal Centro Disturbi Cognitivi e Demenze (AUSL), ma è rilevante anche la quota di accessi tramite passaparola, segno della crescente visibilità del Centro d'Incontro sul territorio. Le dimissioni e i drop-out sono motivati dal peggioramento clinico della persona con demenza o da nuovi bisogni assistenziali. I commenti raccolti mostrano

un alto livello di soddisfazione, con apprezzamento per il clima relazionale positivo, il senso di inclusione e l'opportunità di socializzare in un contesto accogliente e familiare.

I Centri di Incontro svolgono un ruolo chiave nella rete dei servizi territoriali, rappresentando un "ponte" tra l'assistenza formale e il contesto di vita quotidiana delle persone coinvolte. Si confermano efficaci nel promuovere benessere psicologico e sociale, prevenire l'isolamento e sostenere i caregiver. Si propone il consolidamento e l'espansione dei MC sul territorio, promuovendo la collaborazione tra istituzioni, terzo settore e comunità locale.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-01 - Il museo come contesto di intervento psico-sociale: il percorso "Impressioni Condivise" al Museo Bodoniano di Parma per diadi di persone con demenza e caregiver familiari

Giulia Bellegoni[1], Caterina Silva[2], Francesca Ferrari Pellegrini[1]
[1]Associazione Italiana Malattia di Alzheimer - Sez. di Parma, [2]Fondazione Museo Bodoniano

Impressioni Condivise – Storie di libri e di persone al Museo Bodoniano è un progetto sperimentale nato dalla collaborazione tra l'Associazione Italiana Malattia di Alzheimer – Sezione di Parma e il Museo Bodoniano di Parma. Ispirato all'esperienza dei Musei Toscani per l'Alzheimer, il progetto, preceduto da una formazione specifica per gli operatori coinvolti, ha proposto un percorso museale rivolto a persone con demenza e ai loro caregiver.

Tra febbraio e aprile 2025 si sono svolti quattro incontri quindicinali della durata di un'ora e mezza, co-condotti da una psicologa e un'operatrice museale e rivolti a tre diadi composte da persone con demenza e dai loro coniugi caregiver. L'approccio adottato - relazionale, interattivo e multisensoriale - si è ispirato alle metodologie *TimeSlips*, *Slow Looking* e all'*Approccio Capacitante*: a partire da oggetti e temi legati alla stampa e al libro sono state stimolate reminiscenza, creatività, libera espressione e condivisione. Ogni incontro si è concluso con una restituzione simbolica (poesia o breve racconto) elaborata a partire dai contenuti emersi nel gruppo.

La valutazione qualitativa, basata sull'osservazione diretta e su un questionario di feedback condiviso e discusso nell'ultimo incontro, ha evidenziato effetti positivi sul benessere

emotivo e relazionale dei partecipanti: miglioramento dell'umore, aumento della partecipazione verbale, rafforzamento del legame di coppia e del senso di inclusione culturale. I caregiver hanno espresso apprezzamento per l'opportunità di condividere un'esperienza piacevole e significativa, al di fuori del contesto assistenziale, in grado di stimolare momenti di leggerezza e dialogo anche nella quotidianità.

Particolarmente apprezzato è stato l'approccio non frontale e personalizzato, che ha valorizzato le competenze residue coinvolgendo in modo attivo i partecipanti e bypassando i limiti dati dai deficit cognitivi. Tra i suggerimenti raccolti, è emersa l'idea di integrare in futuro un laboratorio pratico, ad esempio con l'utilizzo diretto dei caratteri da stampa, per ampliare ulteriormente il coinvolgimento sensoriale e creativo.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-18 - Programma di stimolazione cognitiva adattato rivolto a persone con Disturbo Neurocognitivo Minore (DNm) e Maggiore (DNM) nel contesto provinciale dell'Ausl di Piacenza.

Elena Migliorini[1], Laura Ballocchi[1], Natasa Dikova[1], Antonina Gorizia[2], Fabia Petri[1], Paolo Paolello[1], Eliana Palermo[1], Antonio Lorido[1], Pasquale Salvatore Turano[2]
[1]Azienda USL di Piacenza, [2]Azienda USL di Placenza

CONTESTO: La Cognitive Stimulation Therapy (CST) è un intervento non farmacologico evidence-based rivolto a persone con demenza lieve-moderata strutturato in 14 sessioni bisettimanali. Il protocollo, se modificato apportando adattamenti alla modalità di erogazione e al numero di sedute, risulta essere un modello maggiormente sostenibile nei Centri Disturbi Cognitivi e Demenze (CDCD) aziendali e ne consente l'applicazione anche a soggetti con DNm, mantenendo evidenze di efficacia.

METODO: 10 cicli di stimolazione cognitiva (durata 14 mesi) da 10 incontri bisettimanali di gruppo (5/7 partecipanti suddivisi per livello di deterioramento cognitivo) della durata di 1,5 ore. Sono state incluse 59 persone, 23 con diagnosi di DNm e 36 con DNM di grado lieve-moderato (età 65-89).

Gli strumenti utilizzati pre/post ciclo sono stati il Mini Mental State Examination (MMSE) o il Milan Overall Dementia Assessment (MODA) e la Geriatric Depression Scale forma breve (GDS).

È stato inoltre predisposto un questionario per la rilevazione di indicatori qualitativi cognitivo-comportamentali e relazionali in ambito domiciliare e valutativi rispetto alla partecipazione in presenza.

La struttura degli incontri prevedeva l'utilizzo della Reality Orientation Therapy (ROT), alcuni temi della CST, esercizi specifici per funzione cognitiva e momenti di condivisione di vissuti relativi alla diagnosi.

RISULTATI: l'analisi dei punteggi pre e post intervento, considerando la totalità del campione, mostrano un miglioramento statisticamente significativo di MMSE/MODA ($p<0.0001$) e della GDS ($p\leq0.005$). I dati qualitativi inoltre evidenziano miglioramenti di indicatori cognitivo-comportamentali e relazionali riscontrati a domicilio.

CONCLUSIONI: il protocollo modificato di stimolazione cognitiva proposto è risultato efficace rispetto al miglioramento del funzionamento cognitivo globale e del tono dell'umore, mostrando benefici cognitivo-comportamentali rilevati anche a domicilio e percezione positiva per lo svolgimento in presenza.

I tempi e le modalità utilizzati hanno consentito di estendere l'intervento all'intero territorio provinciale e di includere soggetti con DN minore non previsti tra i destinatari della CST standard.

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POSIT01-24 - Pianificazione di interventi psicosociali dopo rilevazione del bisogno nei caregiver che contattano il C.A.DE (Centro di Ascolto per la Demenza) dell'Ausl di Piacenza.

Concetta Rutigliano[1], Andrea Albasi[2], Natasa Dikova[2], Antonina Gorizia[2], Fabia Petri[2], Paolo Paolello[2], Eliana Palermo[2], Antonio Lorido[2], Andrea Gelati[1], Luigi Monza[1], Pasquale Salvatore Turano[2]
[1]Associazione Alzheimer Piacenza Odv, [2]Azienda Ausl di Piacenza

INTRODUZIONE

Il C.A.DE nasce nel 2022 con l'obiettivo di offrire ai familiari della persona con demenza ASCOLTO rispetto al cambiamento di vita; ORIENTAMENTO e CONSULENZA sia rispetto alla lettura del bisogno emergente che rispetto alle possibili risposte in termini di informazioni sulla demenza, servizi sul territorio, presa in carico, possibilità di supporto e SOSTEGNO psicologico.

METODO

L'accesso al C.A.DE avviene tramite una linea telefonica dedicata con segreteria h24. Tutte le chiamate vengono riportate su una griglia che consente la raccolta dei dati anagrafici di chi chiama e la registrazione del bisogno emerso: sociale, informativo, sanitario, assistenziale, psicologico.

RISULTATI

Dall'analisi dei dati registrati su 429 telefonate nel triennio 2022-2024 si rileva che per il 49% delle persone che chiamano vi è la necessità di supporto psicologico, nel 22,66% vi è la necessità di conoscere strategie utili nell'assistenza quotidiana, dall'11% è espresso un bisogno sanitario, dall'11,33 un bisogno informativo sulla rete dei servizi e nel 6,33% dei casi è espressa una necessità sociale.

Compito del C.A.DE è anche quello di indirizzare i caregiver alla adesione agli interventi psicosociali pianificati nel percorso delle demenze provinciale: 98 caregiver hanno partecipato agli incontri del gruppo di auto-mutuo-aiuto e 308 hanno avuto la possibilità di avere un colloquio personalizzato con lo psicologo.

CONCLUSIONE

L'analisi dei dati, che continua nel tempo, consente quindi di delineare i bisogni prevalenti del caregiver, ma anche di strutturare interventi ad hoc nel territorio della provincia di Piacenza.

E' stato infatti dimostrato che maturare un senso di caregiving ed elaborare il significato del proprio ruolo tramite interventi di supporto psicologico e formativo riduce significativamente lo stato di stress e il rischio di istituzionalizzazione a lungo termine della persona con demenza (Masotti, Biagini et al., 2013).

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POSIT01-25 - Musei in valigia – Un viaggio inclusivo per le persone con demenza

Andrea Melendugno[1], Elena Santi[2], Marta Michelotto[1], Chiara Marin[2], Giada Miazzo[1], Isabella Colpo[2]
[1]Opera della Provvidenza Sant'Antonio, [2]Centro per i Musei di Ateneo - Università di Padova

Le attività museali orientate alle persone con demenza si stanno consolidando sempre di più. "Musei in Valigia" si inserisce in questo contesto affiancando ai contenuti artistici quelli scientifici e proponendo nuove modalità di fruizione del patrimonio culturale, rispondendo al diritto costituzionale alla cultura per tutti. Invertendo il normale flusso del visitatore che si reca al museo, con "Musei in Valigia" le collezioni escono dalle loro sedi e raggiungono quelle realtà che operano a fianco di persone con fragilità.
Il Centro di Ateneo per i Musei dell'Università di Padova e Opera della Provvidenza Sant'Antonio, hanno creato un percorso rivolto a chi frequenta un Centro Diurno per persone con demenza. La sinergia tra competenze e professionalità differenti (conservatori, ricercatori, pedagogisti, educatori, psicologi) ha permesso di co-progettare soluzioni e facilitatori per le caratteristiche delle persone alle quali l'esperienza è rivolta. Si sono sviluppate descrizioni multidisciplinari, esperienze interattive e plurisensoriali, favorendo l'incontro diretto e coinvolgente con il patrimonio, in cui tutti i partecipanti sono stati protagonisti attivi.

METODOLOGIA
Il percorso è suddiviso in esperienze tematiche. Ogni tema viene individuato dall'equipe progettante tra quelli di maggiore salienza per le persone coinvolte. Ciascuna esperienza prevede quattro attività in sede e una all'interno di uno dei musei del patrimonio universitario. Sono state avviate due esperienze (2024 e 2025) intitolate: *Natura e mito* -

botanica, archeologia e arte; *Dentizione e masticazione – come la natura si adatta ad ambienti e cambiamenti*. Una terza è in fase di progettazione. Sono state coinvolte 40 persone, 20 per ciascuna esperienza.

RISULTATI

Individuato un modello di co-progettazione multiprofessionale efficace, replicabile e adattabile; apertura del patrimonio culturale universitario a cittadini con fragilità; consolidamento della rete di relazioni tra le persone beneficiarie delle attività e tra loro e l'equipe progettante; riattivazione di interessi personali e di competenze professionali per le persone coinvolte

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POSIT01-04 - Attività settimanali co-progettate per persone con disturbo neurocognitivo ad esordio giovanile: un modello operativo sperimentato nella provincia di Modena

Giuliana Bulgarelli[1], Simone Salemme[2], Chiara Barbanti[1], Manuela Tondelli[2], Giulia Vinceti[3], Emanuela Luppi[1], Irene Rabitti[1], Giovanna Zamboni[2], Annalisa Chiari[3]
[1]Associazione G.P.Vecchi odv, [2]Dipartimento di Neuroscienze, Università di Modena e Reggio Emilia,UO Neurologia, Ospedale Civile Baggiovara, [3]UO Neurologia, Ospedale Civile Baggiovara

Titolo: Attività settimanali co-progettate per persone con disturbo neurocognitivo ad esordio giovanile: un modello operativo sperimentato nella provincia di Modena

Autori: Bulgarelli G[1], Salemme S[2,3], Barbanti C[1] ,Tondelli M[2,3], Vinceti G[3], Luppi E[1] , Rabitti I[1] , Zamboni G[2,3], Chiari A[3]

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[3] UO Neurologia, Ospedale Civile Baggiovara, Modena, Italia

Introduzione: Le persone con disturbo neurocognitivo ad esordio giovanile (diagnosi prima dei 65 anni) hanno bisogni specifici spesso non intercettati dai servizi, orientati

principalmente verso forme di demenza in età avanzata. È necessaria un'offerta mirata, flessibile e personalizzata, che promuova inclusione, autonomia e qualità della vita.

Metodi: Dal 2023, l'associazione GP Vecchi ha attivato nella provincia di Modena un programma settimanale rivolto a persone con disturbo neurocognitivo ad esordio giovanile, segnalate dalla Neurologia dell'Ospedale di Baggiovara. Sono state identificate 87 persone, superando le previsioni iniziali (n = 40). Dopo una prima fase sperimentale (camminate, cucina, giardinaggio, attività manuali), è stata avviata una co-progettazione con familiari e operatori, che ha portato alla definizione di tre attività settimanali: camminate nei parchi urbani; laboratori tematici; visite guidate in musei e biblioteche. L'equipe comprende: psicologa, terapista occupazionale, logopedista e volontari formati.

Risultati: Su 73 persone valutate (età media: 66,2 anni), 34 hanno partecipato attivamente (46,5%). Le principali barriere alla partecipazione sono risultate cliniche, relazionali e logistiche. Attraverso colloqui e gruppi di auto mutuo aiuto, i familiari hanno riportato benefici percepiti in termini di benessere psicosociale, motivazione e socialità. Non sono stati utilizzati strumenti validati per misurare l'efficacia.

Discussione e conclusioni: L'esperienza mostra la fattibilità e l'impatto percepito di un modello co-progettato, replicabile in altri contesti. Offre opportunità di stimolazione, inclusione e continuità sociale, contribuendo a una presa in carico più sensibile ai loro bisogni specifici.

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06/10/2025 to 08/10/2025

Sessioni ITALIANE: Interventi psico-sociali per il benessere psico-fisico delle persone con demenza e dei loro caregiver (Alzheimer Uniti Italia)

07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-26 - Alzheimer: sindrome di disconnessione tra identità individuali e strutture collettive.

Erika Smeriglio
Università degli Studi di Messina, Dip. Cospecs - Scienze Cognitive, Psicologiche, Pedagogiche e degli Studi Culturali

Abstract: Lo studio pilota indaga l'esperienza di sofferenza legata al morbo di Alzheimer (AD), superando l'approccio strettamente clinico e considerando la malattia come fenomeno culturale, sociale e politico. Un elemento centrale è il processo di desoggettivazione che colpisce la persona affetta: la perdita progressiva di memoria, linguaggio e relazioni personali porta all'erosione dell'identità e all'isolamento. In questo contesto, l'AD è intesa come forma di soggettività post-traumatica, coerente con l'idea di società connessionista e plasticità neuronale negativa proposta da Malabou C. (2024). La sociologa Ngatcha Ribert (2012) descrive l'AD come una costruzione sociale, influenzata da rappresentazioni negative della senilità e alimentata da una narrazione mediatica che contribuisce al dementia-related stigma e all'uso di un linguaggio discriminatorio. Lo studio analizza l'esperienza dei caregivers di pazienti ricoverati presso il Centro Alzheimer della Sicilia Orientale, attraverso un'intervista strutturata su scala Likert, focalizzata su tre variabili: supporto sociale e istituzionale, percezione di autoefficacia e coping, e importanza del linguaggio nell'interazione con il paziente. I risultati evidenziano una diffusa percezione di solitudine tra i caregivers, che spesso affrontano il carico assistenziale in modo isolato, senza supporto adeguato. Tale condizione riflette una forma di disconnessione parallela a quella vissuta dai pazienti, che spesso si declina in uno stato di overload. Lo studio suggerisce l'uso della tecnologia – come AI, realtà aumentata e telemedicina – non solo per migliorare diagnosi e trattamento, ma anche per supportare i caregivers, aumentando le loro competenze e facilitando il contatto con professionisti e il mantenimento di una rete sociale supportiva. Promuovere nuove forme di interazione tra individuo, ambiente e

società è essenziale per mitigare l'impatto della malattia, mantenere una narrativa identitaria fondata sul sociale, migliorare la qualità della vita delle persone coinvolte.

Keywords: Alzheimer, Scienze Cognitive, Sindrome di disconnessione, Plasticità neuronale, Trattamento Integrato, AI.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-20 - Oltre le parole: come la riabilitazione cognitivo-linguistica migliora il benessere di chi vive con la demenza

Cinzia Palmirotta[1], Gaia Chiara Santi[2], Simona Aresta[2], Maura Cosseddu[3], Paola Santacesaria[2], Alessandro Introna[4], Stefania Tagliente[5], Rosa Capozzo[6], Christian Lunetta[2], Andrea Santamato[7], Giovanna Zamboni[8], Petronilla Battista[2]

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Introduzione: Nella ricerca sugli interventi rivolti alle persone con demenza, la loro opinione è spesso trascurata nella valutazione degli effetti, lasciando inesplorata l'adeguatezza di tali interventi rispetto ai loro bisogni reali.
Lo scopo del presente lavoro è quello di valutare l'impatto psico-sociale di una riabilitazione cognitivo-linguistica sul benessere psicologico e sulla qualità delle interazioni quotidiane in persone con demenza e i loro caregivers.

Materiali e Metodi: Nell'ambito di un progetto di riabilitazione cognitivo-linguistica, sono stati reclutati sette pazienti con variante logopenica di Afasia Progressiva Primaria (lvPPA) (F: 2 ; età: 70.5±5.8; scolarità: 18.8±6.7; CDR<1) e i rispettivi caregivers (F: 6; età: 60.5±8.5;

scolarità: 11.5±2.4). I partecipanti sono stati invitati a rispondere a domande a risposta aperta sui benefici legati al trattamento.
È stata condotta un'analisi tematica riflessiva sulle risposte fornite dagli intervistati, attraverso sei fasi: familiarizzazione con i dati, generazione dei codici, identificazione dei temi, revisione dei temi, denominazione dei temi e scrittura del report.

Risultati: Sono stati identificati tre temi principali comuni a pazienti e caregiver: (1) riduzione delle emozioni negative/aumento dell'autoefficacia, (2) strategie comunicative, (3) proattività/impegno. Dalle risposte delle persone con PPA è emersa anche l'importanza della (4) relazione con il clinico. Da quelle dei caregivers, invece, emergono i temi delle (5) relazioni interpersonali e della (6) consapevolezza.

Conclusioni: Un'analisi qualitativa delle opinioni sull'intervento riabilitativo consente di dare voce alle persone con demenza e ai loro caregivers, evidenziando gli effetti positivi del trattamento sulle interazioni sociali e sul benessere psicologico, con la prospettiva di sviluppare protocolli che rispondano in modo efficace alle loro reali esigenze.

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POSIT01-14 - “Il Museo Come Spazio Di Relazione: Palazzo Mazzetti per le persone con Demenza e i loro familiari”

Martina Guelfo, Vittoria Briccarello, MARCELLO Francesconi
ASSOCIAZIONE ALZHEIMER ASTI

Il progetto, ideato dall’Associazione Alzheimer Asti in collaborazione con Fondazione Asti Musei, si sviluppa presso Palazzo Mazzetti e nasce dalla sinergia tra una storica dell’arte, Vittoria Briccarello, e una psicologa, Martina Guelfo. L’iniziativa è rivolta a persone con demenza e i loro caregivers.

L'obiettivo è ridefinire il museo come spazio accogliente, accessibile e familiare, capace di promuovere benessere, socializzazione e connessione emotiva attraverso l’esperienza estetica e relazionale. Inoltre, il progetto mira a potenziare la capacità inclusiva del museo, creando un modello replicabile e strumenti specifici, e a rafforzare il ruolo dell’associazione nel proporre attività significative sul territorio.Le opere d’arte diventano mediatrici che riattivano alcune parti del sé o che le fa esprimere ma anche un mediatore sociale infatti, in questa metodologia, l’arte è uno strumento di comunicazione simbolica intersoggettiva con contenuti emotivi per cui l’empatia si rileva una caratteristica essenziale.Questa concezione dell’arte permette alle persone con demenza di utilizzare la loro immaginazione e creatività al fine unico di creare la loro narrazione dell’opera.

Le storie create vengono condivise con il gruppo permettendo a ciascuno di loro di indentificarsi in sé aumentando il senso di autoefficacia. Il programma si è stato articolato in 3 incontri da due ore più un incontro di restituzione. Le attività hanno compreso l’osservazione

guidata delle opere, la narrazione condivisa, la creazione poetica e momenti di convivialità nella sala dedicata all'attività di confronto. Per la replicabilità del format ed è stato stipulato un protocollo d'intesa con la Fondazione Asti Musei per l'accesso gratuito delle persone con demenza e dei loro familiari. Il progetto si inserisce in una visione di lungo termine volta a rafforzare l'alleanza tra cultura, salute e terzo settore, proponendo il museo non solo come luogo di conservazione e conoscenza ma come spazio attivo di relazione, cura e partecipazione comunitarie di tutte e tutti.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-13 - Caffè delle Emozioni ®

Loredana Galli
Caffè delle Emozioni

Caffè delle Emozioni®

Un progetto ideato e realizzato da Loredana Galli

Spazio relazionale dedicato a persone con decadimento cognitivo e caregiver, per la connessione emotiva e la cura inclusiva

Il "Caffè delle Emozioni" è un progetto basato su un approccio psicosociale e centrato sulla persona, nato per offrire un ambiente strutturato, protetto, continuativo, accogliente e non giudicante in cui le persone con decadimento cognitivo e i loro familiari possano condividere esperienze, emozioni e momenti di appagante normalità.

Attraverso attività artistiche, sensoriali, cognitive e di vita quotidiana, unite a momenti di convivialità, l'iniziativa intende favorire il benessere emotivo degli utenti migliorandone la qualità di vita, rafforzare le competenze presenti e supportare i caregiver nel percorso di cura, alleggerendone la quotidianità assistenziale.

Il progetto si articola in incontri settimanali per piccoli gruppi omogenei (2 ore), incontri domiciliari personalizzati (un'ora alla settimana), eventi conviviali e laboratori tematici aperti

alla cittadinanza. Le attività sono progettate e condotte da operatori specializzati in base alle capacità e agli interessi dei partecipanti.

I principali obiettivi sono:

- Promuovere inclusione e autonomia nella fragilità
- Contrastare isolamento e stigma
- Favorire una nuova narrazione della relazione di cura

Tra i risultati attesi: un miglioramento della qualità della vita percepita, la costruzione di un clima relazionale positivo e la diffusione di una cultura più consapevole e rispettosa delle fragilità all'interno della comunità.

La valutazione del progetto viene effettuata attraverso strumenti qualitativi e quantitativi, tra cui questionari di soddisfazione e osservazione diretta.

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POSIT01-23 - Stimolazione con l'arte (START) l'uso delle arti visive per la stimolazione cognitiva in persone con disturbo neurocognitivo.

Cristina Ruaro[1], Barbara Luciana Cenere[2], Marco Simoni[3], Donata Gollin[3], Elena Fantinato[3], Mariella Casa[3], Alessandra Codemo[3], Elisabetta Gasparoli[3], Giovanni Zorzi[3], Carlo Gabelli[1]

[1]University Hospital Padua. Psychology Unit and Research Centre for Brain Aging (CRIC), [2]University of Padua Department of Cultural Heritage, [3]University Hospital Padua. Research Centre for Brain Aging (CRIC)

Il disturbo neurocognitivo (DNC), per la sua complessità e lunga durata, rappresenta una priorità di sanità pubblica. Attualmente, la Stimolazione Cognitiva è il trattamento non farmacologico più utilizzato nelle fasi lievi-moderate della malattia. Studi recenti hanno evidenziato il potenziale di musei e arti figurative come strumenti riabilitativi innovativi.

Il Centro Regionale per l'Invecchiamento Cerebrale (CRIC), in collaborazione con Università e Comune di Padova e grazie al sostegno della Fondazione per la Ricerca Cardiovascolare e Malattie Neurodegenerative, ha realizzato il progetto "StArt", un nuovo paradigma riabilitativo che utilizza le arti visive per mediare i contenuti di un protocollo di riabilitazione (Cognitive Activation Therapy CAT).

Obiettivo di "StArt" è sostenere le capacità cognitive e funzionali, promuovere la partecipazione sociale, ridurre lo stigma, migliorare il benessere e rallentare l'invecchiamento biologico. Il progetto ha coinvolto 31 persone con DNC, di età compresa tra i 47 e gli 85 anni. I partecipanti sono stati sottoposti a valutazioni cognitive e funzionali prima e dopo l'intervento, che ha previsto 14 sedute di fisioterapia e 17 attività cognitivo-

comunicative, di cui 3 svolte al museo. partecipanti e caregiver hanno compilato questionari sull'esperienza terapeutica e gli effetti sulla vita quotidiana

I risultati preliminari mostrano miglioramenti significativi nelle abilità prassico-costruttive (non esercitate durante il trattamento), nelle capacità comunicative e nelle attività quotidiane complesse. Dai questionari emerge un miglioramento del tono dell'umore, un rinnovato interesse per la cultura e una maggiore partecipazione comunicativa. L'intervento ha favorito la partecipazione sociale, riducendo lo stigma e promuovendo l'accesso ai luoghi della cultura. Anche le analisi biologiche mostrano segnali positivi. "StArt" si conferma un modello riabilitativo innovativo, capace di integrare dimensione sanitaria e culturale, promuovendo un approccio globale alla cura del DNC. Per favorirne la diffusione, è stato realizzato un manuale operativo che descrive il protocollo e ne facilita l'implementazione in diversi contesti sanitari e culturali.

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07/10/2025 - 10:00-17:30 - POSIT01. Interventi psico-sociali

POSIT01-02 - Il presente che cura: percorsi di mindfulness nel Caffè Alzheimer

Luca Biolcati, Elena Montagnoli, Aldo Biolcati, Francesco Monti, Maria Bocca Corsico Piccolino
AMA Novara ODV ETS

In un'epoca dominata dalla tendenza a rimuginare sul passato o a controllare ansiosamente il futuro, la mindfulness, intesa come attenzione consapevole al presente, si configura come un'esigenza universale. L'Alzheimer sembra incarnare il paradosso del nostro tempo, costringendo chi ne è colpito a vivere nel "qui e ora": la malattia, con la perdita di memoria e l'incertezza sul futuro, impone un distacco dal passato e un abbandono delle proiezioni a lungo termine, evocando una mindfulness involontaria. Con l'aumento globale dell'incidenza di Alzheimer, che colpisce oltre 55milioni di persone, coltivare consapevolezza e coinvolgimento attivo diventa cruciale per le persone con demenza e i loro familiari, promuovendone il benessere fisico, psichico e relazionale.

Il progetto "Il presente che cura", avviato presso il Caffè Alzheimer di AMA Novara, integra pratiche di consapevolezza nei percorsi psico-sociali rivolti a persone con demenza e caregiver.

Queste pratiche non solo supportano il benessere psicologico dei pazienti, ma ridefiniscono l'approccio alla malattia, valorizzando il "vivere pienamente ora". Il progetto offre una prospettiva innovativa per affrontare le sfide esistenziali dell'Alzheimer, promuovendo una gestione più resiliente della condizione per pazienti e caregiver e aprendo nuove vie per la ricerca e l'intervento.

Obiettivi del progetto:

- accrescere la consapevolezza del momento presente nelle persone con demenza, con conseguente riduzione di ansia e di stress;
- alleviare il carico emotivo dei caregiver.

Risultati preliminari:

- i partecipanti hanno mostrato un miglioramento dell'umore e della qualità relazionale;
- i caregiver hanno riportato una maggiore serenità ed una più profonda connessione con i propri cari.

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07/10/2025 - 10:00-17:30 - POSIT02. Il precorso della ricerca

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POSIT02-01 - Una lettura integrata tra neuroscienze, teoria dell'attaccamento e approccio pedagogico nella prevenzione delle malattie neurodegenerative

Anita Avoncelli
my self

La ricerca scientifica contemporanea sta evidenziando, con crescente chiarezza, l'intreccio profondo tra sviluppo precoce, dinamiche relazionali e vulnerabilità neurobiologica. A partire dalla teoria dell'attaccamento di Bowlby, integrata dai contributi di Liotti e dall'approccio pedagogico di Montessori, emerge un quadro in cui le esperienze relazionali infantili modellano i sistemi neuroendocrini, immunitari e cognitivi, influenzando in modo significativo il rischio di sviluppo di malattie somatiche e neurodegenerative, come l'Alzheimer.

La scienza di base, attraverso la Psiconeuroendocrinoimmunologia (PNEI) e l'epigenetica, ha mostrato come l'esposizione a stress cronico e traumi relazionali possa alterare l'asse ipotalamo-ipofisi-surrene e modificare stabilmente l'espressione genica. Tali modificazioni possono predisporre l'individuo a disturbi psichici, autoimmuni e neurodegenerativi. Allo stesso tempo, questi cambiamenti risultano in parte reversibili, ponendo le basi per strategie preventive e terapeutiche centrate sulla qualità delle esperienze affettive, educative e ambientali.

Sul piano etico, questo percorso richiede un cambiamento di paradigma: dalla centralità della diagnosi alla centralità della persona. La cura delle persone affette da demenza non può ridursi alla gestione farmacologica o sintomatologica, ma deve fondarsi su un ascolto profondo della loro storia di vita e della loro identità implicita, spesso custodita nella

memoria non dichiarativa. In quest'ottica, "chiedere chi si è stati" diventa un atto clinico ed etico insieme, che riconosce nella fragilità un'espressione dell'umano e nella relazione uno strumento di cura.

Questa riflessione, al crocevia tra scienza, psicologia e pedagogia, invita a ripensare la prevenzione, la diagnosi e l'intervento alla luce della storia personale, per promuovere un approccio integrato, rispettoso e autenticamente umano alla sofferenza e alla cura.

Dott.ssa Anita Avoncelli

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POSIT02-02 - Progetto Diogene: una rete per la individuazione e la gestione del declino cogniitivo

Andrea Fabbo[1], Anna Eccettuato Burke[2], Anna Maria Avonto[3], Innocenzo Rainero[4]
[1]Azienda Sanitaria Locale di Asti, [2]Sistema Integrato Mnemosine, [3]Dementia Friendly Community Casale Monferrato, [4]Università di Torino- Dipartimento di Neuroscienze

Il progetto "Diogene" prevede una attività di screening on line sulla popolazione over 50 per creare una base anche statistica di “carta del rischio” del declino e del deficit cognitivo. Questa attività si rivolgerà in un primo tempo come area test alle popolazioni del Monferrato astigiano e casalese in Piemonte , aree a significativa concentrazione di persone anziane con problemi di isolamento e di fragilità dovuti sia sia alla scarsa mobilità, sia alle occasioni di socializzazione, sia alla debolezza economica. Il test intende però anche valutare una fascia di età che potrebbe in previsione essere coinvolta nei problemi di declino cognitivo. Lo screening verrà effettuato in collaborazione con i Dipartimenti universitari di competenza e potrà estendersi a tutta la popolazione regionale dopo la validazione generata delle aree test. Per questo progetto viene creata una piattaforma ad hoc in collaborazione con DGS spa (rif. Microsof Europe) per l'erogazione on line in autonomia di test predittivi di declino cognitivo. Il progetto DIOGENE si inserisce in una serie di servizi innovativi già attivati che utilizzano tutte le possibilità offerte dall’informatica, nate col Sistema Integrato Mnemosine nella DFC di Casale Monferrato (ASL di Alessandria) ed esteso con significative implementazioni in collaborazione con la Direzione sanitaria dell’ASL di Asti. E' previsto l'ampliamento dellarete degli "infopoint" del Monferrato Casale (portandoli a 5/6) nel territorio del Monferrato Astigiano intesi come "servizi a bassa soglia" in grado di erogare non solo informazioni ed ascolto ma anche attività. Il progetto prevede inoltre la realizzazione delle "palestre della

memoria (per la prevenzione del declino cognitivo) , i visori per le azioni di sensibilizzazione, la stimolazione cognitiva on line, l 'assistenza psicologica a familiari e caregiver on line in rete col lavoro dei Centri Disturbi Cognitivi e Demenze della provincia di Alessandria e di Asti.

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POSIT02-03 - Trattamenti psicosociali per persone con demenza in centri diurni e residenze sanitarie assistenziali

Alice Paggetti[1], Francesco Sciancalepore[1], Patrizia Lorenzini[1], Emanuela Salvi[2], Francesco Giaquinto[3], Giulia Carnevale[4], Roberta Vaccaro[5], Fabio Matascioli[6], Nicoletta Locuratolo[1], Nicola Vanacore[1], Ilaria Bacigalupo[1]
[1]National Centre for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, [2]National Centre for Drug Research and Evaluation, Italian National Institute of Health, Rome, [3]Department of Experimental Medicine, University of Salento, Lecce, [4]Psychologist, [5]Scientific cultural workshops, Cognitive Therapy Centre (CTC), Como, [6]TAM Onlus, Social Cooperative, Naples

Introduzione: Nell'ambito delle attività del Fondo Alzheimer e Demenze (2021-2023), l'Istituto Superiore di Sanità ha condotto un'indagine nazionale sui centri diurni (CD) e sulle residenze sanitarie assistenziali (RSA) che accolgono persone con demenza per indagarne le caratteristiche organizzative e terapeutiche. Questo lavoro si concentra sui trattamenti psicosociali in questi contesti.

Metodi: L'elenco dei CD e delle RSA è stato richiesto ai referenti regionali per le demenze. A ogni CD e RSA è stato inviato un questionario online per raccogliere dati su ubicazione, tipologia, caratteristiche, organizzazione, accesso, caratteristiche degli utenti e del personale, servizi e trattamenti forniti (febbraio-dicembre 2023).

Risultati: Hanno partecipato 443 CD (40,9%) e 1671 RSA (46,3%). La figura dell'educatore era presente in quasi metà dei CD (54,7%) e delle RSA (43,4%). Psicologi

(CD=31,7%,RSA=21,6%), terapisti occupazionali (CD=4,7%,RSA=11,6%), logopedisti (CD=4,7%,RSA=8,6%) e tecnici della riabilitazione psichiatrica (CD=0,7%,RSA=2,1%) erano meno rappresentati. Nei CD, psicologi (26,4vs.11,1%) e logopedisti maggiormente diffusi al Nord che al Sud/Isole (5,3%vs.0,5%). Nelle RSA, psicologi (68,2%vs.49,5%), terapisti occupazionali (24,7%vs.10,2%) e tecnici della riabilitazione psichiatrica (4,7%vs.2,3%) maggiormente presenti al Sud/Isole che al Nord, mentre i logopedisti erano più presenti al Nord (20,0%) che al Sud/Isole (2,4%). Circa l'80% dei CD e delle RSA offriva interventi psicosociali, soprattutto di stimolazione cognitiva (CD=88%,RSA=89%). Circa la metà dei CD e delle RSA offriva anche la terapia cognitivo-comportamentale, soprattutto nel Sud/Isole (CD= 82,9%, RSA=75,3%) rispetto al Nord (CD= 42,3%, RSA=48,8%). Gli interventi occupazionali erano diffusi nelle RSA (72,4%) ma meno nei CD (44,0%).

Discussione: È stata osservata una grande eterogeneità geografica nella disponibilità di personale e servizi. In entrambe le strutture è emersa chiaramente la carenza di figure professionali fondamentali. Gli interventi basati sull'evidenza rimangono limitati.

Conclusioni. È necessaria un'azione di coordinamento per garantire l'equità nella cura degli utenti di queste strutture.

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

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

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

07/10/2025 - 10:00-17:30 - POSIT02. Il precorso della ricerca

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POSIT02-04 - Trattamento combinato di Stimolazione Cognitiva e Stimolazione Motoria in Persone con demenza lieve-moderata: protocollo di uno studio nazionale di outcome research

Francesco Sciancalepore[1], Alice Paggetti[1], Claudio Ivaldi[2], Margherita Lazzarino[2], Giacomo Servidei[3], Manuela Castellino[4], Andrea Ianni[5], Marta Simonelli[6], Nicola Vanacore[1], Patrizia Lorenzini[1], Piero Secreto[4], Ernesto Palummeri[7]
[1]National Centre for Disease Prevention and Health Promotion Italian, Istituto Superiore di Sanità, Rome, Italy, [2]Centre for Cognitive Disorders and Dementias ASL 3 Genovese, Genoa, Italy, [3]Social Cooperative "La Giostra della Fantasia", Genoa, Italy, [4]Presidio Ospedaliero Beata Vergine Consolata – Fatebenefratelli, Turin, Italy, [5]Policlinico Umberto I, Rome, Italy, [6]ASL Roma 6, [7]Azienda Ligure Sanitaria - A.Li.Sa

Introduzione: Durante il Fondo per l'Alzheimer e le Demenze (2021-2023), le regioni Liguria e Piemonte hanno implementato con successo un approccio terapeutico combinato, utilizzando la stimolazione cognitiva (SC) e la stimolazione motoria (SM) per persone con demenza lieve-moderata. In particolare, la Liguria ha adottato la Terapia di Stimolazione Cognitiva (Cognitive Stimulation Therapy – CST) di Spector insieme alla Terapia di Stimolazione Motoria (Motor Stimulation Therapy – MST) di Lazzarino e Servidei, ottenendo risultati promettenti. Tuttavia, in letteratura sono pochi gli studi che esaminano l'efficacia dell'intervento combinato di CST e MST.

Metodi: Grazie al rinnovo del finanziamento del Fondo per l'Alzheimer e le Demenze per il periodo 2024-2026, verrà condotto uno studio di outcome research, coinvolgendo 30 centri clinici in cinque regioni italiane.

Risultati: Un trattamento combinato di CST e MST sarà somministrato a una coorte di 421 persone di età pari o superiore a 65 anni, con diagnosi di demenza lieve o moderata. Ogni sessione di trattamento sarà svolta in gruppo, avrà una durata di 2 ore, due volte a settimana, per un totale di 14 sessioni in un arco di 7 settimane. Gli esiti primari includeranno la proporzione di rispondenti al trattamento, valutata mediante il Mini Mental State Examination (MMSE) e il Timed Up and Go Test (TUG) al termine delle 7 settimane. Gli esiti secondari comprenderanno la proporzione di rispondenti al MMSE e al TUG a 14 settimane, insieme a valutazioni complete delle funzioni cognitivo-motorie, della capacità funzionale, dello stato comportamentale e della qualità della vita dei pazienti e dei rispettivi caregiver. Inoltre, lo studio indagherà eventuali cambiamenti nell'assunzione di farmaci.

Conclusioni: I risultati di questo studio saranno fondamentali per sviluppare un protocollo strutturato volto a migliorare le strategie di sanità pubblica e potenziare l'assistenza a questa popolazione.

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

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

07/10/2025 - 10:00-17:30 - POSIT02. Il precorso della ricerca

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POSIT02-05 - Uso di psicofarmaci e approcci assistenziali:uno studio comparativo in due RSA italiane

Chiara Carla Monti[1], Lavinia Toussan[1], Francesco Spigarelli[2]
[1]KOS Care - Anni Azzurri, [2]KOS Care

Introduzione:
La gestione delle persone con demenza nelle Residenze Sanitarie Assistenziali (RSA) rappresenta una sfida costante, soprattutto per quanto riguarda l'uso eccessivo di psicofarmaci e mezzi di contenzione. Le strategie europee per la cura della demenza promuovono sempre più l'adozione di interventi non farmacologici e centrati sulla persona per migliorare il benessere degli ospiti.

Obiettivo:
Esplorare la relazione tra attività multidisciplinari non farmacologiche e l'uso di farmaci psichiatrici in RSA, valutando l'impatto delle diverse pratiche organizzative sui risultati assistenziali.

Metodi:
Sono stati raccolti dati mensili per tutto il 2024 da due strutture: una a Roma (118 posti letto, 157 pazienti/anno) e una a Cermenate (100 posti letto, 166 pazienti/anno). Gli indicatori principali includevano: utilizzo di farmaci psichiatrici, applicazione di contenzioni (escluse le sponde letto) e partecipazione ad attività fisioterapiche, educative generali e programmi educativi specialistici (cognitivo/comportamentali).

L'analisi statistica è stata condotta con R (v4.5.0). Confronti tra strutture effettuati con t-test o test di Mann-Whitney. Valutate inoltre correlazioni di Pearson e modelli di regressione lineare.

Risultati:
A Roma, il 73,1% degli ospiti ha ricevuto farmaci psichiatrici; il 33,5% ha subito contenzioni. A Cermenate, l'uso dei farmaci è stato del 51,8%, con contenzioni al 40,3%. La partecipazione ad attività fisioterapiche, educative generali e specialistiche è risultata più elevata a Cermenate (96,5%, 97,8%, 91,2%) rispetto a Roma (81,0%, 71,5%, 8,8%). Tutte le attività hanno mostrato un'associazione inversa significativa con l'uso di psicofarmaci nelle analisi univariate. Nelle analisi multivariate, le attività educative generali e specialistiche hanno mantenuto significatività, mentre l'effetto della fisioterapia si è attenuato.

Conclusioni:
I programmi educativi specialistici sono associati a un minor ricorso ai farmaci psichiatrici. L'efficacia degli approcci non farmacologici risulta fortemente influenzata dalla cultura organizzativa e dal modello di cura adottato. Questi risultati supportano l'integrazione di interventi personalizzati basati sull'attività come elemento centrale delle politiche assistenziali nelle strutture residenziali.

35th Alzheimer Europe Conference

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Sessioni ITALIANE: Studi sull'invecchiamento e coinvolgimento di comunità (Federazione Alzheimer Italia)

07/10/2025 - 10:00-17:30 - POSIT03. Invecchiamento e coinvolgimienta di comunità

POSIT03-01 - Festival diffuso per l'invecchiamento di successo

Caterina Pacenza[1], Grazia Macchieraldo[1], Maria Pindaro[1], Stefania Boncinelli[2], Pierpaolo Bonamini[2], Virna Marzano[2], Katia Albo[2], Alessandra Demaiti[2]
[1]Piccolo Principe, [2]ASST Distretto 5

"Prevenire è meglio che curare!" Un aforisma tanto conosciuto sta sempre più ricevendo conferma dalla scienza: possiamo, infatti, ridurre il rischio di ammalarci prendendoci cura della nostra salute. Stili di vita sani, ambienti salubri e check-up possono proteggerci da gran parte delle malattie croniche. Controllando i cosiddetti "fattori di rischio modificabili" si potrebbero evitare 4 tumori su 10, quasi la metà dei casi di DNC e buona parte delle malattie cardiovascolari.

Al contrario, alimentazione non bilanciata, fumo, alcol, isolamento sociale, mancato controllo di condizioni come ipertensione e ipercolesterolemia, o l'esposizione a certi inquinanti, sono tutti elementi che aumentano le probabilità di ammalarsi anche in persone che, sotto il profilo genetico, non avrebbero particolari criticità.

Da queste riflessioni abbiamo dato vita al Festival Diffuso per l'invecchiamento di successo: un intervento multidominio che stiamo realizzando nel territorio del municipio 5 di Milano.

Stiamo coinvolgendo i Cittadini che frequentano i CSRC (Centri Socio-Ricreativo Culturali) e i CAM (Centri di Aggregazione Multifunzionale) in una serie di attività strutturate e programmate durante tutto l'anno afferenti i seguenti domini:

- attività motorie, intellettuali e socializzanti

- abitudini alimentari

Ai partecipanti viene consegnato il Diario della Longevità di compilazione autonoma, in cui monitorare oltre la propria partecipazione alle attività precedenti, anche le proprie abitudini nei seguenti domini:

- qualità del sonno

- consumo di alcol

- fumo

Alcune volte durante l'anno, inoltre, i Cittadini vengono invitati a partecipare agli incontri gestiti da ASST (Azienda Socio Sanitaria Territoriale) in cui si procede ad effettuare le seguenti misurazioni:

- saturazione

- glicemia

- pressione arteriosa

- indice BMI

- visus

- verifica di avvenuta partecipazione alle campagne di screening e vaccinazione di Regione Lombardia.

Infine, i partecipanti, vengono sensibilizzati alla prevenzione dei traumi alla testa, del distress, dell'eccesso di colesterolo nel sangue e dei deficit dell'udito e all'importanza dell'inquinamento nel generare rischi di malattie.

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POSIT03-02 - Sconfinamenti generazionali

Alessandro Manzella, Alessandro Manzella
APS Le Compagnie Malviste ETS

Le Compagnie Malviste utilizza la cultura come ingrediente per favorire e promuovere socializzazione e aggregazione e per rispondere ad un bisogno dettato dall'aumento dell'età media determinato da un incremento della qualità della vita nel mondo occidentale. Questa evidenza è diventata un'emergenza a cui molti Paesi non riescono a fare fronte, in quanto gli indici di solitudine e abbandono delle persone anziane sono esponenziali e in più c'è un costante aumento delle malattie degenerative e invalidanti, come la patologia di Alzheimer e demenze similari.

Dal 2009, Le Compagnie Malviste ha maturato una pratica denominata *Teatro Fragile, Maneggiare con cura*, pensata per dare risposta al bisogno di uscire dall'isolamento, trovare sollievo e godere della miglior qualità di vita possibile. Da anni, con interventi psicosociali di tipo artistico, coinvolge infatti persone con patologia di Alzheimer e demenze similari all'interno di gruppi aperti ai familiari, caregiver e studenti di ogni ordine e grado. Il coinvolgimento delle scuole ha lo scopo di diffondere una nuova cultura della malattia, inclusiva e visionaria, perché, come scrive il medico e scrittore Vittorino Andreoli, «*dobbiamo guardare alla vecchiaia superando i concetti di salute e malattia, ripartendo dalla forza e dalla saggezza dell'ultima età per ricostruire il legame tra le generazioni*».

Questi incontri permetto ai giovani di osservare con occhi nuovi la terza e quarta età e di scoprire lati e desideri comuni. Dall'altra parte, l'anziano ritrova un ruolo attivo all'interno della propria comunità «*poiché è colui che non solo conosce la storia, ma ne ha vissuto un arco più lungo rispetto agli altri. Poiché il sapere è prevalentemente esperienza*».

Anche nel 2025 abbiamo coinvolto circa 100 studenti che, assieme a circa 20 persone con Alzheimer e i loro caregiver formali e informali, dopo un percorso di oltre quattro mesi, hanno dato vita ad una restituzione scenica nello spazio pubblico.

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07/10/2025 - 10:00-17:30 - POSIT03. Invecchiamento e coinvolgimienta di comunità

POSIT03-05 - Invecchiamento come esperienza vissuta: uno sguardo fenomenologico sulle organizzazioni della Terza Età

Sara Fenzo[1], Simona Mennuni[2]
[1]Sara Fenzo, [2]SLOP Scuola Lombarda di Psicoterapia

Il processo di invecchiamento e il passaggio alla terza età, da prassi definita attorno ai 65 anni di età, vengono comunemente interpretati attraverso una lente biologica, medica e socio-economica. L'immagine sociale dell'anziano come malato, lento, smemorato e asessuato trascura però la dimensione soggettiva di questa esperienza.

In molti casi l'arrivo di cambiamenti legati all'età, primo tra tutti il pensionamento, può lasciare spazio al senso di improduttività e alla difficoltà di trovare senso al proprio tempo: una sensazione di un vuoto che si fatica a riempire può sviluppare nella persona anziana atteggiamenti di chiusura ed isolamento, che quasi confermano gli stereotipi della categoria sociale. In un'ottica fenomenologica, si avverte una modifica del proprio rapporto con la temporalità, con una progressiva riduzione delle possibilità di progettare il proprio futuro, accompagnata da orizzonti d'attesa sempre più selettivi.

I mutamenti che caratterizzano l'epoca post moderna stanno restituendo potenzialità a questa fase di vita e ne sono un esempio le associazioni, reti e istituzioni dedicate alla Terza Età. Il coinvolgimento dell'individuo in queste realtà può essere interpretato non solo in termini di servizi pratici (formazione, socialità, assistenza), ma soprattutto come promozione di esperienze di senso per le persone anziane. Tali contesti creano spazi in cui è possibile dare forma, significato e continuità alla propria esistenza in una fase di vita segnata da transizioni profonde, muovendosi in un confine sfumato tra cambiamenti legati alla storia di vita

(patologie storiche) ed altri legati al corpo e alla cognitività (patologie non storiche). Attraverso relazioni, attività e nuove esperienze, si trovano modi per dare senso al presente, rileggere il proprio passato e vivere con maggiore pienezza un'età spesso vista solo come perdita di ciò che si era prima.

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Sessioni ITALIANE: Studi sull'invecchiamento e coinvolgimento di comunità (Federazione Alzheimer Italia)

07/10/2025 - 10:00-17:30 - POSIT03. Invecchiamento e coinvolgimienta di comunità

POSIT03-06 - Strategie per l'implementazione delle nuove linee guida italiane su diagnosi e trattamento della demenza e del Mild Cognitive Impairment

Elisa Fabrizi[1], Nicoletta Locuratolo[1], Teresa Di Fiandra[2], Antonio Ancidoni[1], Francesco Della Gatta[3], Guido Bellomo[1], Ilaria Bacigalupo[1], Nicola Vanacore[1], Eleonora Lacorte[1]
[1]Centro Nazionale per la Prevenzione delle Malattie e Promozione della Salute, Istituto Superiore di Sanità, [2]Istituto Superiore di Sanità, [3]Department of Neuroscience, Mental Health and Sense Organs (NESMOS), Faculty of Medicine and Psychology, Sapienza University of Rome

Introduzione:

La Linea Guida sulla diagnosi e trattamento della demenza e del Mild Cognitive Impairment (MCI), sviluppata nell'ambito del Fondo per l'Alzheimer e le Demenze 2021–2023, contiene 167 raccomandazioni per la pratica clinica e 39 per la ricerca, ed è accompagnata da un *care pathway* interattivo. Riconoscendone la rilevanza, il Ministero della Salute ha affidato all'Istituto Superiore di Sanità la disseminazione e implementazione della Linea Guida nel triennio 2024–2026. Si tratta di un'iniziativa senza precedenti in Italia, volta a favorire la concreta applicazione delle raccomandazioni nella pratica clinica.

Metodi:

In collaborazione con le realtà locali, verranno realizzati piani di implementazione adattati ai diversi contesti, con l'obiettivo di garantire un accesso omogeneo a percorsi diagnostico-terapeutici adeguati alle persone con demenza e MCI su tutto il territorio nazionale. Sono previsti interventi formativi mirati sui contenuti della Linea Guida e la distribuzione di un toolkit per la raccolta standardizzata dei dati, rivolti a strutture quali i Centri per i Disturbi Cognitivi e Demenze (CDCD), Centri Diurni e Residenze Sanitarie Assistenziali (RSA). I dati raccolti saranno analizzati per valutarne l'impatto a livello regionale e nazionale.

Risultati:

Sono già stati svolti quattro incontri formativi coinvolgendo dieci regioni. È previsto il coinvolgimento di ulteriori nove regioni, con l'obiettivo di attuare il piano in almeno sei strutture per ciascuna regione.

Conclusioni:

Questo processo fornirà evidenze utili per aggiornare i Livelli Essenziali di Assistenza (LEA) e adattare i percorsi assistenziali integrati per la demenza.

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

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07/10/2025 - 10:00-17:30 - POSIT03. Invecchiamento e coinvolgimienta di comunità

POSIT03-07 - DFC on the road: quando la comunità amica della demenza incontra i giovani

Antonella Deponte, Clara Miani, Rosanna Palmeri
Associazione de Banfield

DFC – On the Road è un progetto educativo sperimentale, promosso dall'Associazione De Banfield – CasaViola in collaborazione con la Dementia Friendly Community (DFC) di Muggia, e rivolto alle scuole secondarie di secondo grado del Friuli-Venezia Giulia. Realizzato con il sostegno delle Fondazioni CRT e Pietro Pittini, ha coinvolto 242 studenti di 14 classi appartenenti a tre istituti delle province di Gorizia e Trieste. Il progetto ha inteso sensibilizzare il mondo scolastico alle tematiche della demenza, del caregiving e della costruzione di comunità dementia friendly attraverso un percorso multidisciplinare articolato in tre fasi: incontri formativi, visita alla DFC di Muggia e laboratori di progettazione sociale.

La metodologia ha integrato una didattica frontale e un approccio esperienziale. Particolarmente rilevante è stata l'attività immersiva di simulazione dei sintomi della demenza, che ha permesso agli studenti di confrontarsi con le difficoltà percettive e cognitive tipiche del disturbo, stimolando processi empatici e riflessivi. Nella seconda fase, gli studenti hanno esplorato in situ la rete territoriale della DFC di Muggia, incontrando operatori sanitari, caregiver, volontari e realtà culturali coinvolte nella costruzione della comunità amica della demenza.

I laboratori finali hanno guidato i ragazzi nella progettazione di iniziative intergenerazionali orientate all'inclusione e alla cittadinanza attiva. Sono stati elaborati 21 progetti, indirizzati ai comuni di Monfalcone e dell'Ambito Carso Giuliano, incentrati su socializzazione,

benessere, movimento, natura e cultura. L'attività ha messo in luce anche la presenza significativa di giovani con ruoli di caregiver informale, fenomeno ancora poco riconosciuto e monitorato, che è stato poi oggetto di un'indagine pilota.

L'esperienza dimostra il valore educativo e sociale di percorsi scolastici integrati, capaci di promuovere consapevolezza, responsabilità civica e nuove alleanze tra generazioni nella costruzione di una società più inclusiva verso le persone con demenza.

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07/10/2025 - 10:00-17:30 - POSIT03. Invecchiamento e coinvolgimienta di comunità

POSIT03-08 - Un PDTA centrato sulla persona: il coinvolgimento delle associazioni familiari nella revisione del percorso per le persone che vivono con una demenza in Trentino

Elisa Vanzetta[1], Alessandra Lombardi[1], Marco Calabrese[1], Manuela Buganza[1], Renzo Dori[2], Lucia Dellagiacoma[3], Fulvio Spagnolli[4], Silvano Stefani[5]

[1]APSS Trento, [2]Associazione Alzheimer Trento, [3]Associazione Rencureme, [4]AIMA Rovereto, [5]silvano.stefani1960@gmail.com

Il Percorso Diagnostico Terapeutico Assistenziale (PDTA) per le persone con demenza dell'Azienda Provinciale per i Servizi Sanitari (APSS) di Trento, redatto nel 2018 e aggiornato nel 2020, è attualmente oggetto di una nuova revisione. In coerenza con l'approccio centrato sulla persona il Centro Disturbi Cognitivi e Demenza (CDCD) di Trento ha avviato nel marzo 2025 un percorso di consultazione strutturata, volto a raccogliere il punto di vista delle realtà associative attive nei diversi territori della provincia. L'obiettivo più generale è rendere il nuovo PDTA dell'Azienda sanitaria di Trento più inclusivo, sostenibile e realmente co-costruito, rafforzando il dialogo tra cittadinanza attiva e istituzioni sanitarie. Tale consultazione è stata avviata a partire da un incontro programmato per il 5 maggio 2025 facilitato con metodologia partecipativa e articolata attorno a 5 domande chiave che intendono valorizzare le esperienze dirette delle associazioni, identificare bisogni non soddisfatti, evidenziare eventuali differenze territoriali. Coinvolgere le associazioni dei familiari delle persone che vivono con una demenza sembra essere un passaggio cruciale per costruire un **welfare integrato e generativo**, in cui tutti i soggetti del territorio diventano parte attiva del percorso di cura. Nei mesi successivi sono previste azioni di restituzione alle

associazioni degli elementi raccolti e un follow-up, con l'obiettivo di valutare la percezione del coinvolgimento, il grado di soddisfazione rispetto al processo, la capacità generativa del confronto (in termini di nuove idee, collaborazioni e visioni condivise), nonché la sostenibilità e continuità del modello partecipativo nel tempo. Il contributo presenta il processo in corso, la metodologia adottata e le prospettive di sviluppo per una governance condivisa e duratura della rete provinciale per le persone che vivono con una forma di demenza in trentino.

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Sessioni ITALIANE: Luoghi di cura Dementia Friendly (Federazione Alzheimer Italia)

08/10/2025 - 10:00-15:45 - POSIT04. Luoghi du cura dementia friendly

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POSIT04-01 - Imola città amica delle persone con demenza: CRA Cassiano Tozzoli volano di buone pratiche

Anna Ortolani
ASP Circondario imolese

Il presente contributo si propone di cogliere l'intreccio relazionale che produce le politiche e gli interventi sociali e socio-sanitari analizzando il contesto specifico dei servizi di sostegno alle persone con demenza sviluppato nel territorio del Nuovo Circondario Imolese.

Il riconoscimento del titolo di "Città amica delle persone con demenza" è giunto ad Imola sulla base delle attività sviluppate negli anni in questo distretto, chiuso tra il territorio montano dell'appennino tosco emiliano e l'odore della romagna. Un territorio che complice le dimensioni ridotte ha sempre permesso sperimentazioni e progettualità innovative di integrazione socio sanitaria, anche prima degli accordi formali (es. Piano Diagnostico Terapeutico Assistenziale demenze) che costituiscono la necessaria cornice di meccanismi virtuosi che partono dal basso.

L'analisi delle pratiche sviluppate nel territorio imolese permette di evidenziare come grazie al ruolo di volano di una Casa Residenza anziani il progetto abbia sviluppato una continuità tra servizi e territorio che permette un piena integrazione delle persone con demenza nella collettività, rendendo la comunità capace di: accogliere i loro bisogni con risposte socio-sanitarie specialistiche, accompagnare nella semplicità delle routine quotidiane e realizzare eventi dedicati di inclusione e sensibilizzazione.

Il contributo intende quindi analizzare le varie azioni che hanno contribuito nel territorio imolese alla co-costruzione partecipata di politiche e interventi sociali a favore delle persone con demenza con un focus di attenzione prioritario a:

-innovazione (apertura dell'ambulatorio spasticità in demenza presso l'ospedale di Montecatone)

-digitalizzazione (applicazione della tecnologia alla cura e alla riabilitazione grazie ad un finanziamento dedicato della Fondazione Cassa di Risparmio)

-diseguaglianze (restituire dignità ai malati e alle loro famiglie rendendo la comunità inclusiva grazie al contributo della Associazione Alzheimer Imola).

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POSIT04-03 - Arte, Cultura E Comunità Unite Per La Demenza: Quando L'Arte, I Luoghi Belli E La Vita Comunitaria Diventano Terapia.

Giusi Perna[1], Mabel Martelli[2], Malvina Mazzotta[3], Massimo Menetti[4], Mariangela Bianconcini[5], Lucia Valtancoli[6]
[1]CDCD AUSL Imola, Alzheimer ODV, [2]Referente CDCD AUSL Imola, UO Geriatria AUSL Imola, [3]Referente programma di Psicologia clinica e di comunità AUSL di Imola, Psicologia Ospedaliera AUSL di Imola,CDCD AUSL di Imola., [4]Primario UO Geriatria AUSL Imola, [5]Referente Psicologia ospedaliera AUSL di Imola, [6]Presidente Alzheimer Imola ODV

Intro: L'Organizzazione Mondiale della Sanità delinea il ruolo benefico di arti, bellezza terapeutica e dimensione sociale comunitaria nei settori sanità e salute pubblica per promozione, prevenzione, gestione e trattamento della salute. Numeri crescenti di prove indicano effetti positivi sulla salute fisica, mentale, sociale e sul benessere di persone con demenza quando impegnati in attività artistiche, culturali e comunitarie. "Imola Dementia Friendly Comunities", attraverso l'approccio ad arte, bellezza terapeutica dei luoghi simbolo della città e relazioni comunitarie, si propone di offrire un percorso cognitivo, emozionale e sociale significativo.

Scopo: Lo scopo è comprendere se l'approccio ad arte, bellezza terapeutica e relazioni comunitarie può offrire alla persona con demenza una stimolazione cognitiva, emozionale e sociale capace di modificare lo stato di benessere psicosociale.

Metodo: 6 persone con demenza lieve sono stati valutati tramite GDS-15, GAI e Italian Mental Health Continuum–Short Form pre e post trattamento di Stimolazione cognitivo-comunicativa con l'arte (16 incontri; Modello StartArt) all'interno di due luoghi culturali

cardine della loro comunità di appartenenza: Palazzo Sersanti e Galleria della Fondazione Cassa di Risparmio di Imola (BO), Italia.

Risultati: È emerso un cambiamento significativo pre e post trattamento nei punteggi GDS-15 (p=0,03), GAI (p=0,01) e Italian MHC-SF totale (p=0,00).

Discussione: 16 incontri di Stimolazione cognitivo-comunicativa con l'arte all'interno di due luoghi culturali e ricchi di bellezza terapeutica della città di Imola sono stati in grado di modificare significativamente il benessere psicologico, emotivo e sociale dei partecipanti.

Conclusione: Tali risultati incoraggiano a riproporre l'esperienza ad un campione più ampio di persone con demenza.

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POSIT04-04 - La qualità di vita percepita dalla persona che vive con demenza in una comunità villaggio: l'esperienza del Paese Ritrovato

Mariella Zanetti[1], Maria Letizia Villa[1], Sonia Pollet[1], Simona Maria Agata Vergone[2], Maria Cristina Sandrini[1], Fulvio Sanvito[1], Gaia Lopresti[3], Paolo Mazzola[4], Andrea Maria Maresca[5], Marco Fumagalli[1]

[1]Cooperativa La Meridiana, [2]Università dell'insubria , cattedra di Geriatria, [3]Coopertaiva La Meridiana, [4]b Università degli Studi di Milano-Bicocca, Facoltà di Medicina e Chirurgia, Monza (MB), Italia Fondazione IRCCS San Gerardo dei Tintori, Unità di Geriatria Acuta, Monza (MB), Italia, [5]Università degli stidi dell'Insubria, Facoltà di Medicina e Chirurgia, Cattedra di Geriatria

Il passaggio dalla casa ad un ambiente di cura protetto per la persona con demenza rappresenta una fase critica che può amplificare il vissuto di non competenza ed il disagio della persona. Valutare la QoL percepita potrebbe diventare uno standard in qualsiasi ambiente di cura, per coinvolgere la persona nel progettare la propria vita. Questo studio si propone di analizzare la qualità di vita percepita tra le persone con declino cognitivo che vivono in un contesto non tradizionale di cura , il villaggio per persone con demenza "Il Paese Ritrovato" di Monza (1) attraverso l'uso dell'intervista strutturata Quality_VIA (2) E' stata effettuata una analisi retrospettiva di interviste ripetute con lo strumento Quality_VIA ,somministrate periodicamente alle persone che abitano il "Il Paese Ritrovato" .

La popolazione in studio è composta da 57 persone con punteggio medio MMSE di 19,9/30. La qualità di vita percepita è risultata in media buona (media 104,7 DS ± 15.9) e superiore rispetto ai valori di cut-off della scala (*Cut off 77.8*). La rivalutazione al T1 mostra un incremento del punteggio della QoL, anche se non statisticamente significativo (media al T1 107,6 DS ± 15.4 valore p = 0,098).Si osserva un incremento statisticamente

significativo nella dimensione dell'autorealizzazione e spiritualità (punteggio medio a To : 11,6 DS ± 2.78 vs punteggio medio a T1 12,5 DS ± 2.54 $p < 0,01$).

In conclusione "Il Paese Ritrovato" sostiene un modello innovativo di vita comunitaria focalizzato sull' autodeterminazione e sull'inclusione sociale. Nonostante la naturale progressione del declino cognitivo e la variazione del contesto abitativo della persona, si evidenzia il potenziale del contesto di cura e degli approcci incentrati sulla persona per preservare il benessere nel tempo. (3) In particolare emerge come gli abitanti abbiano nel tempo una più intensa percezione che la loro vita continui ad avere un significato.

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POSIT04-05 - L'Officina della Memoria dal Punto di Vista dei Partecipanti: Risultati di un Focus Group

Chiara Barbanti[1], Alessia Puglia[2], Elisabetta Romano[2], Barbara Manni[2], Benedetta Mesini[2], Daniela Gariselli[2], Giovanni Ottoboni[2], Rabih Chattat[2]
[1]Istituzione per la Gestione dei Servizi alla Persona dell'Unione del Distretto Ceramico, [2]

Contesto: I Meeting Centers (MC) sono un intervento psicosociale rivolto a persone che vivono con demenza e ai loro caregiver. Il MC “Officina della Memoria”, nell’ambito del progetto Dementia Friendly Community a Formigine (MO), si rivolge a persone con MCI e demenza di grado lieve. È collocato all’interno di una polisportiva ed è aperto per un totale di 8 ore. Attualmente è coordinato da una psicologa e 2 terapiste occupazionali; i volontari aiutano a implementare le attività proposte.

Obiettivo: raccogliere l’opinione dei partecipanti sull’Officina della Memoria.

Metodi: I dati qualitativi sono stati raccolti tramite conversazioni guidate e registrate condotte in un contesto gruppale durante le giornate di apertura. Sono state coinvolte persone che hanno partecipato per almeno 6 mesi. Le conversazioni sono state analizzate usando l’analisi tematica.

Risultati: Il campione è composto da 8 partecipanti (6F; 2M) di età compresa tra 75 e 101 anni.

I temi emersi riguardano: la socializzazione e la compagnia; avere un obiettivo per la giornata esterno all’ambiente di casa; la partecipazione ad attività stimolanti; appartenenza ad un gruppo e condivisione; migliora il benessere; possibilità di contribuire-suggerire; possibilità di iniziative esterne.

Inoltre i partecipanti riferiscono cambiamenti a livello di umore (ad es. “meno triste e più buona”) e di ideazione (ad es. “non sapevo cosa fare, mi giravo e rigiravo in casa e pensavo sempre alle cose brutte”; “ho smesso di pensare a cose brutte, penso solo a cose belle”).

Tra le proposte di miglioramento i partecipanti richiedono giorni d’apertura aggiuntivi, svolgere più esercizi cognitivi, viaggiare e creare occasioni per vedersi anche al di fuori del MC.

Conclusioni: I centri d’incontro, inseriti in un contesto di comunità amichevole offrono l’opportunità di un migliore adattamento, una maggiore possibilità di vivere bene con la demenza, la possibilità di utilizzare le capacità preservate e instaurare nuove relazioni.

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POSIT04-06 - Museums & Wellbeing

Luca Carli Ballola, Cristina Bucci, Chiara Lachi, Michela Mei
Sistema Musei Toscani per l'Alzheimer

Museums & Wellbeing (M&W) è un progetto del Sistema MTA (www.museitoscanialzheimer.org/) in collaborazione con quattro musei olandesi, con l'ass. Dementia Lithuania e la NGO lituana Socialiniai meno projektai; e col supporto di Regione Toscana e Ambasciata del Regno dei Paesi Bassi.

M&W crea connessioni fra i musei e il settore sociosanitario, per capire assieme *come* le esperienze museali possano contribuire al benessere delle persone con demenza, e i musei divenire luoghi di cura – rimanendo però essenzialmente vocati alla cultura.

Presupposto è che i programmi museali dedicati alle persone che vivono con la demenza (sempre più diffusi in tutta Europa) non solo offrono occasioni di partecipazione attiva alla vita culturale della comunità, ma hanno anche un impatto positivo sulla qualità della relazione: riduzione della solitudine, superamento dello stigma, maggior soddisfazione dell'esperienza di caregiving.

Attraverso un processo di co-progettazione, i musei coinvolti hanno definito

- un *modello di incontro*, incentrato sulle potenzialità di coinvolgimento attraverso l'arte e il patrimonio museale, dedicato ai caregiver familiari e/o professionali;
- un *Tool-Kit M&W*, che rende possibile replicare l'attività in diversi contesti e situazioni: altri musei, RSA, Centri Diurni, Caffè Alzheimer e anche a casa.
- una pubblicazione finale, per presentare *modello di incontro* ed esperienze svolte.

Ciascun museo ha poi programmato almeno un incontro, invitando a partecipare i caregiver del proprio territorio. Gli incontri, in Olanda, Lituania e Toscana (finora quindici, oltre 150

partecipanti) hanno offerto l'opportunità di sviluppare e diffondere pratiche educative, tanto più efficaci proprio in quanto frutto delle competenze ed esperienze delle educatrici museali, ma anche dei caregiver informali e professionali. Spesso sono stati anche occasione di reciproca conoscenza, innesco di ulteriori collaborazioni.

Un report dettagliato degli incontri è stato condiviso, in vista della pubblicazione, che sarà disponibile assieme al Tool-Kit sul sito del SistemaMTA e dei musei aderenti al progetto.

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POSIT04-07 - Vivere Il Nucleo Alzheimer

Emanuele Manocchio
Fondazione Don Carlo Gnocchi Onlus

Il nucleo Alzheimer è ben altra cosa rispetto ad un reparto di ospedale: al suo interno non si ricevono terapie ma si vive e si abita. Nel nucleo chi offre assistenza è, in un certo senso, un ospite ricevuto ma non invitato, molto spesso imposto, il cui intervento di aiuto può essere accettato oppure rifiutato, e mai si dovrebbe abbandonare l'atteggiamento di chi chiede il permesso di entrare in casa d'altri. Il nucleo non è sempre uguale, non è lo stesso tutti i giorni, perché diverse appaiono le persone che lo abitano. Vivere e respirare il nucleo, come si direbbe di una casa, la propria ma soprattutto quella degli altri, della quale si conosce poco e dei cui abitanti non è possibile prevedere le abitudini e i gusti. Solo un'assidua frequentazione, paziente, rispettosa e spesso fatta di semplice vicinanza, permette a chi vi accede di assumere una crescente disinvoltura e di diventare a sua volta abitante. Accettando la mutevolezza di questo contesto di vita, ci si avvicina al traguardo dell'assistenza efficace e realistica: la persona con demenza può essere felicemente aiutata se il caregiver è disposto a un continuo adattamento, se egli si sintonizza con lei all'interno dell'ambiente per cercare di operare un'influenza positiva. Si diventa così autentici creatori di un luogo di cura.

Con calma, gradualmente, si diventa familiari, con la costante convinzione che l'interazione con gli abitanti debba essere priva di pretese: non si ordina, non si comanda, non si impone. Di giorno in giorno, respirando il nucleo, vivendolo, diviene possibile abbozzare una sorta di schema sul quale costruire la proposta di assistenza, poiché conoscendo le persone accolte si impara ad offrire loro efficacemente ciò che può servirgli, rispettando i tempi e i modi che loro stesse, in modi più o meno nascosti, suggeriscono.

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POSIT04-08 - La Dementia Friendly Community dell'area metropolitana di Bari: un modello innovativo di sensibilizzazione e inclusione

Doriana Santoro[1], Claudia Chiapparino[1], Fabrizio Lattanzio[1], Claudia Lograno[1], Roberta Montanaro[1], Katia Pinto[2]
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La Dementia Friendly Community (DFC) Bari, avviata nel 2019, grazie all'impegno dell'Associazione Alzheimer Bari, rappresenta la prima grande realtà metropolitana italiana. L'iniziativa, promossa in collaborazione con istituzioni locali, operatori sanitari, associazioni del territorio e cittadini, mira a costruire un ambiente urbano più inclusivo, consapevole e capace di rispondere ai bisogni specifici delle persone con demenza. L'obiettivo è promuovere la creazione di una rete territoriale sensibile e informata, favorire l'inclusione e ridurre lo stigma e l'isolamento.
Elemento innovativo dell'iniziativa è stata la collaborazione con le farmacie locali. Attraverso un percorso di formazione dedicato, l'uso di materiale informativo semplice e campagne di sensibilizzazione, le farmacie sono diventate veri e propri "luoghi amici della demenza", in grado di facilitare il riconoscimento dei segnali prodromici della patologia e orientare correttamente i cittadini verso i servizi dedicati.
Contestualmente, sono stati coinvolti i medici di medicina generale, quali figure centrali nella presa in carico della persona con demenza. La sinergia tra farmacisti e MMG ha permesso di costruire una rete coesa, capace di rispondere in modo tempestivo e integrato ai bisogni delle famiglie.
Il progetto si è strutturato anche attraverso incontri pubblici, eventi formativi e attività di coinvolgimento della cittadinanza, con l'obiettivo di promuovere una cultura della cura diffusa e condivisa. Inoltre, nei prossimi mesi, un parco cittadino sarà allestito con cartelloni che forniranno le indicazioni utili a svolgere un percorso cognitivo-motorio dedicato da svolgere sia da soli che in gruppo.
L'esperienza di Bari, seppur rappresentando uno studio pilota, si pone come esempio virtuoso di innovazione sociale e trasformazione urbana centrata sull'attenzione alla salute

fisica e psicologica delle persone con demenza e sull'empowerment della cittadinanza attraverso la consapevolezza e la conoscenza. I dati raccolti sono in fase di elaborazione.

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POSIT04-09 - La Musica come Strumento di Cura: l'Officina dei Suoni

Lucia Bergamini[1], Sara Barbieri[1], Corinne Muzzarelli[1], Silvia Biasini[2], Giulia Vaccari[1], Mara Veschi[1]
[1]UOC Geriatra Territoriale, AUSL Modena, CDCD Mirandola, [2]Fondazione Scuola di Musica C.G. Andreoli

La comunità di Mirandola dal 2021 fa parte del network italiano delle DFC (Comunita amiche della demenza). La DFC ha come obiettivo il supporto alle persone con demenza (PWD) e ai loro familiari, la promozione dell'inclusione e della partecipazione sociale, con lo scopo di permettere alle PWD di continuare a prendere parte alle attività sociali e alla vita di comunità. Questi obiettivi vengono raggiunti attraverso interventi sensibilizzazione e formazione, nonché cercando di aumentare le opportunità di coinvolgimento sociale per le PWD e i loro familiari.

In questo ambito si inserisce il progetto "Officina dei Suoni", nato nel 2022 dalla sinergia tra la a Fondazione C. G. Andreoli e il Centro per i disturbi cognitivi e demenze (CDCD) di Mirandola. Esiste un'ampia letteratura che dimostra come la musica miri ad aumentare il benessere emotivo attraverso la stimolazione cognitiva e sociale, con effetti benefici sulla memoria a breve termine, sul tono dell'umore, sull'orientamento spazio-temporale, favorendo il senso di identità e le competenze espressive e relazionali. L'incontro settimanale è suddiviso in una prima parte della durata di 30 minuti, condotta da un terapista occupazionale, propedeutica alla conoscenza dell'ambiente e degli strumenti che verranno utilizzati, cui segue l'attività musicale di 60 min a cura del Maestro di Musica, incentrata sull'impiego della voce cantata, del corpo e di strumenti musicali (strumentario Orff, tubi sonori).

Dal 2022 ad oggi circa n° 25 PWD frequentano l'attività dell'Officina. I maestri della scuola di musica coinvolti sono stati formati sul tema della demenza e sul concetto di inclusione e comunità amica. L'invio è a cura dei professionisti del CDCD, possono partecipare PWD in fase lieve-moderato-severa, assenza di sintomi comportamentali o se presenti di lieve-media gravità che permettano la partecipazione al gruppo, deambulazione autonoma o con minimo aiuto. Vi è inoltre la possibilità di coinvolgere attivamente i familiari delle PWD.

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POSIT04-10 - Cognitive stimulation for perceived well-being and quality of life of elderly people in the nursing home

Raffaele Nappo[1], Alessandra Claudi[1], Stefania De Marco[2], Eleonora D'Agostino[2], Pasqualina Perna[1]
[1]Rehabilitation Centre Neapolisanit, [2]University of Campania "Luigi Vanvitelli"

Nelle strutture di cura, la stimolazione cognitiva svolge un ruolo fondamentale non solo nel preservare le abilità residue dei pazienti, ma anche nel prevenire il deterioramento cognitivo.

Ad oggi, è noto che un programma basato sulla terapia di stimolazione cognitiva (Cognitive Stimulation Therapy, CST) può essere efficace nel migliorare le funzioni cognitive e aumentare il benessere percepito e la qualità della vita, questa intesa come la percezione che un individuo ha della propria posizione nella vita, nel contesto della cultura e dei sistemi di valori in cui vive, in relazione ai propri obiettivi, aspettative, standard e preoccupazioni.

In questo contesto, il presente studio vuole valutare l'efficacia di un programma CST nel migliorare la qualità della vita e il benessere percepito di cinque residenti di una casa di riposo. È stata condotta una valutazione preliminare del funzionamento cognitivo globale tramite MMSE e GDS come misure di base al tempo T0. MME e GDS sono state nuovamente somministrate al tempo T1, dopo il programma CST, e al tempo T3 durante il follow-up. Con l'obiettivo di verificare l'effetto del programma CST su diversi aspetti della qualità della vita, è stato inoltre somministrato il questionario Quality_Via come misura di base al T0, al T1 dopo l'intervento, e al T3 durante il follow-up.

Nel presente studio, abbiamo rilevato evidenze preliminari dell'efficacia di un programma di stimolazione cognitiva nel migliorare la qualità della vita di cinque residenti di una casa di

riposo. Nello specifico, sono stati osservati effetti positivi sul livello di coesione sociale e sul senso di appartenenza.

Con l'invecchiamento della popolazione, integrare queste dimensioni sociali nei modelli di cura rappresenta sia una priorità di salute pubblica sia un imperativo etico. Gli interventi che rispondono a questi bisogni possono ritardare il declino cognitivo, migliorare la qualità della vita e promuovere la dignità delle persone coinvolte.

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POSIT04-11 - Custodire memorie...al museo. Un progetto per persone con demenza e caregivers

Sara Fascendini[1], Lisa Arnoldi[2], Simona Brusamolino[3], Lucia Cecio[4], Colombo Maria Chiara[4], Corti Barbara[3], Luiselli Clara[4], Patrizia Nicoli[5], Laura Zambelli[4]
[1]FERB Onlus Fondazione Europea di Ricerca Biomedica, [2]FERB onlus, [3]Cooperativa generazioni FA, [4]Accademia Carrara, [5]FERB Onlus

Il progetto *Custodire Memorie* è un'iniziativa di co-progettazione che mette in relazione arte e salute, nata dalla collaborazione tra il Centro di Eccellenza Alzheimer Ferb ONLUS di Gazzaniga, i Servizi Educativi di Accademia Carrara e Generazioni FA Società Cooperativa Sociale.

È dedicato alle Persone con malattia di Alzheimer o con altra demenza, e ai loro caregivers e sperimenta nell'arte un'occasione e una possibilità di far affiorare ricordi e promuovere benessere. Nasce dalla collaborazione e dalla scoperta di sinergie tra due mondi, quello socio-sanitario e quello culturale, apparentemente distanti, generando una vera e propria operazione di "welfare culturale" con al centro l'opera d'arte, che diventa strumento per il benessere e la cura. Il patrimonio del museo è stato impiegato sia come terapia, utilizzando l'immagine per entrare in relazione con la persona con demenza, sia come ponte con il vissuto dei caregiver, strumento sensibile per affrontare temi e riflessioni. Questo lavoro a partire dall'opera d'arte è divenuto la chiave per aprire nuove possibilità: il museo non più solo come un luogo per esperti o da vivere passivamente, ma uno spazio aperto e vivo in cui sentirsi accolti, riconoscersi, tornare in ogni fase e momento della vita.

LE AZIONI REALIZZATE

1. Cicli di incontri dedicati ai caregivers, condotti da operatori specializzati e con competenze integrate (psicologo ed educatore museale), in cui, attraverso le opere museali, sono stati affrontati temi legati alla malattia e condivise emozioni e vissuti del difficile lavoro di cura.
2. Cicli di incontri dedicati alle coppie di Persone con demenza/caregiver, condotti da operatori specializzati e con competenze integrate (educatore ed educatore museale), pensati per valorizzare la Persona nel suo complesso, indipendentemente dalla presenza del deficit cognitivo. Gli incontri sono stati realizzati in forma laboratoriale inclusiva, utilizzando le opere d'arte come strumento comunicativo in grado di trascendere la disabilità cognitiva.

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POSIT04-13 - La voce della popolazione a otto anni dalla nascita della Dementia Friendly Community di Abbiategrasso

Laura Pettinato, Irene Brianzoni, Silvia Vitali, Antonio Guaita, Elena Rolandi
Fondazione Golgi Cenci

A otto anni dal riconoscimento di Abbiategrasso come prima Dementia Friendly Community (DFC) in Italia, è stato raccolto il punto di vista della popolazione. Da settembre 2023 a settembre 2024 è stato somministrato un questionario strutturato (19 domande, formato cartaceo e online) attraverso Info Point DFC, eventi pubblici e *social network*. Il questionario ha esplorato: il grado di apprezzabilità delle azioni mirate all'inclusione della persona con demenza nella vita cittadina, la conoscenza e la sensibilità verso la demenza, l'apertura alla comunicazione diagnostica, le attitudini personali verso le persone con demenza e le caratteristiche che connotano una DFC. Per raggiungere questo obiettivo si è dato rilievo alle seguenti azioni: formazione di un numero maggiore di persone già impegnate nel progetto ed estensione a nuovi gruppi *target*, miglioramento delle iniziative di sensibilizzazione e di inclusione. Hanno partecipato 506 cittadini (88,5% residenti ad Abbiategrasso; 23,7% nella fascia 51–60 anni). Il 73,9% è consapevole del riconoscimento DFC della città; il 31,6% ha preso parte ad almeno una delle attività promosse (formazione, sensibilizzazione, inclusione, collaborazione). Emergono buoni livelli di conoscenza degli aspetti clinici della demenza, forte apertura verso l'inclusione della persona con demenza nella vita cittadina e di considerazione rispetto alla loro capacità di potersi esprimere. I rispondenti risultano favorevoli ad una diretta comunicazione diagnostica, sia personale (83,4%) che verso i familiari (73,3%). Il numero di cittadini abbiatensi che è a conoscenza del riconoscimento DFC di Abbiategrasso (N=345) è superiore rispetto al numero atteso (N=331); questo suggerisce una maggiore consapevolezza locale dell'appartenenza a una Comunità sensibile al tema. I cittadini abbiatensi mostrano familiarità con le azioni qualificanti una DFC (eventi, corsi, laboratori) e di possedere una buona conoscenza delle caratteristiche che connotano una

DFC. Questi dati offrono una fotografia aggiornata dell'impatto del progetto e forniscono indicazioni utili per orientare futuri interventi sul territorio.

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08/10/2025 - 10:00-15:45 - POSIT04. Luoghi du cura dementia friendly

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POSIT04-15 - Vivere bene la demenza: il patient advocacy per implementare di nuovi modelli di cura

Arianna Ferrari[1], Chiara Cosmo[1], Alessandra Zapparoli[2], Isabel Bigatello[3], Daniela Maso[4]
[1]Associazione Rindola Impresa Sociale, [2]Direzione Servizi Sociali, Regione Veneto, [3]Comune di Mirano, [4]Istituito 8 Marzo K.Lorenz

Introduzione:
Il progetto "Vivere bene la demenza", sostenuto dal bando *Invecchiamento Attivo* della Regione Veneto, nasce dalla collaborazione tra Aulss 3 Serenissima, l'Istituto Superiore 8 Marzo-K. Lorenz di Mirano, l'Associazione Rindola e 16 comuni del territorio. L'iniziativa mira a promuovere nuovi modelli di care partecipata e co-design, con un forte focus sulla prevenzione e sensibilizzazione tra gli adolescenti, grazie a un lavoro sinergico tra professionisti, scuole e persone con Disturbo Neurocognitivo (DNC).

Metodi:
Un gruppo di studenti è stato coinvolto in un percorso laboratoriale di 11 incontri, condotto insieme a un team multidisciplinare e a persone con DNC in fase iniziale. L'approccio, fortemente partecipativo, ha portato alla creazione condivisa di strumenti di comunicazione rivolti ai pari. Tra questi, il cortometraggio *"Come un campo di girasoli"* rappresenta l'elemento più innovativo.

Risultati:
L'indagine condotta su 124 adolescenti ha evidenziato significative lacune nella conoscenza del DNC e delle sue possibilità di prevenzione: l'89,8% lo considera un normale processo di invecchiamento, e il 40% ritiene che non sia prevenibile. In risposta a tali dati, il cortometraggio si distingue per il suo linguaggio inclusivo e non stigmatizzante: protagonisti

sono proprio i pazienti e le studentesse, che mettono in scena un cambio di prospettiva radicale. Il messaggio centrale è innovativo perché umanizza la demenza, rompendo stereotipi e promuovendo una cultura della cura fondata sull'empatia, sull'ascolto e sulla relazione.

Conclusioni:
A differenza di approcci informativi tradizionali e spesso inefficaci, il progetto ha adottato un modello educativo partecipato e intersettoriale, che valorizza la voce delle persone con DNC come leva di empowerment e cambiamento culturale. Il cortometraggio si configura così come un esempio di comunicazione trasformativa e replicabile, in linea con le indicazioni del PNP 2020-2025, e un potente strumento per costruire comunità più consapevoli e inclusive.

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POSIT04-16 - La Biblioteca Gallaratese di Milano: un modello di 'Luogo di cura Dementia Friendly' dove cura e cultura si incontrano

Elena Fortunato
Comune di Milano

La Biblioteca Gallaratese di Milano, situata in un quartiere a prevalenza anziana, ha avviato il progetto **"Biblioteca amica delle persone con demenza e di chi se ne prende cura".**
L'iniziativa nasce dalla convinzione che anche le persone fragili debbano sentirsi parte attiva della comunità. L'obiettivo è contrastare stigma e isolamento, promuovendo **inclusione e benessere** per tutti.
Ispirata a Naomi Feil, l'idea guida è: "Un luogo adatto alle persone con demenza è un posto dove tutti stanno meglio".
Il progetto crea uno spazio accogliente dove **cura e cultura si incontrano**: l'offerta - totalmente **gratuita**- comprende:
– uno **scaffale bibliografico** ben visibile con oltre 150 titoli su demenza e supporto al caregiver;
– uno **sportello di orientamento** settimanale per persone fragili e famiglie;
– un **ricco programma di attività:** nei **primi 9 mesi** (settembre 2024 – aprile 2025) sono state realizzate **49 iniziative gratuite, con 571 partecipazioni**. Tra queste: incontri psicosociali (orto/arte/musico/biblio - terapia), letture mensili condivise insieme a ospiti con decadimento cognitivo di un CDI, gruppi di supporto, eventi per bambini ("Come raccontare la demenza ai bambini"), momenti informativi e formativi.
Il progetto si fonda su collaborazioni gratuite con associazioni, fondazioni e professionisti.
Forte l'impatto sociale generato: **"Qui la porta è spalancata, senza nemmeno aver bussato", "La biblioteca mi sta migliorando la vita".**
A maggio 2025 è stata realizzata la **formazione del personale** con la Federazione Alzheimer Italia.
Rispondendo a un bisogno crescente di supporto, il progetto guarda al futuro: espansione dell'offerta, coinvolgimento del vicino centro commerciale e del quartiere in un "effetto domino".
La Biblioteca Gallaratese è un **esempio replicabile** di "Luogo di cura (e cultura) Dementia Friendly": un **seme pronto a germogliare altrove**.

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POSIT04-17 - Luoghi di cura, luoghi di cultura

Rosanna Palmeri, Chiara Di Marco, Antonella Deponte
Associazione de Banfield

Il lavoro che presentiamo riassume la collaborazione che abbiamo intrapreso dal 2019 con diverse realtà culturali del territorio di Trieste nell'ambito della diffusione di una sensibilità dementia-friendly. Abbiamo operato in due direzioni:

- organizzare attività dedicate al benessere della persona con demenza e della sua famiglia, aumentando le occasioni di socializzazione
- formare lo staff di strutture ed eventi, per un'esperienza accessibile 365 giorni all'anno e per un cambiamento culturale che sia effettivo e duraturo.

I luoghi di cultura sono preziosi contenitori per i trattamenti non farmacologici, le attività dedicate sono importanti, ma nello stesso tempo luoghi ed eventi possono aprirsi, diventare strutturalmente e definitivamente accessibili anche per le persone con demenza e per i caregiver.

Lavorare contemporaneamente su entrambi i binari – attività e formazione – permette di superare un approccio centrato sull'iniziativa o sul progetto singolo, strutturando invece un ambiente culturale che diventi stabilmente più capace di compartecipazione e non solo di inclusione.

Presenteremo l'approccio metodologico e le azioni svolte ad oggi, che ci hanno permesso di rendere *dementia friendly* molti spazi precisi (musei, cinema, mediateca, teatri, biblioteca) ma anche eventi come i festival cinematografici o musicali e le rassegne teatrali, che finora

non consideravano questo aspetto dell'accessibilità. L'obbiettivo era, e rimane, quello di abbattere barriere e costruire comunità attraverso la cultura e l'arte.

Perché i luoghi di cultura sono anche luoghi di cura, per tutti.

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POSIT04-18 - associazione cuore sogno

Antonietta de Litteriis
umanità nuova la casa dei sogni

A San Severo, in Puglia, il concetto di città amica dell'Alzheimer prende forma concreta grazie all'associazione "Umanità Nuova – La Casa dei Sogni". Il progetto nasce da un'esperienza personale: l'assistenza a mia zia Cornelia, malata di Alzheimer, che mi ha spinta a rompere l'isolamento e lo stigma che circondano la demenza, attraverso piccoli gesti quotidiani, come bere un caffè al bar.

Dal 2008, ogni mercoledì, l'associazione accompagna persone con Alzheimer in semplici momenti di socializzazione: prepararsi con cura, indossare l'abito buono, uscire per incontrarsi. Un'iniziativa che mette al centro la relazione, la presenza viva nella comunità, radicata nella vita del paese. Bar, piazze e negozi diventano luoghi di incontro dove la fragilità viene accolta, non nascosta.

Una "rivoluzione silenziosa" che ha cambiato lo sguardo della cittadinanza: dalla diffidenza iniziale si è passati a un'accoglienza attiva e partecipe. Con il sostegno del Comune e di un numero crescente di volontari, il progetto ha acquisito strumenti, visibilità e uno spazio fisso presso le "Officine di Quartiere" intitolate a Grazia Pepe, educatrice di strada.

All'interno dell' associazione " Umanità Nuova La Casa dei Sogni", costruita su misura, si trovano una sala proiezioni e una sala bar dove vivere il rito settimanale del caffè. Gli eventi promossi dall'associazione sono aperti alla cittadinanza, contribuendo a normalizzare la presenza della malattia nello spazio pubblico.

"Umanità Nuova La Casa dei Sogni" è un modello di cittadinanza attiva che valorizza la fragilità come risorsa, promuovendo relazioni autentiche e inclusione. San Severo diventa

così un laboratorio sociale dove la malattia non isola, ma ricuce legami e restituisce dignità.

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POSIT04-19 - Effetto del Best Practice Dementia Care sull'esperienza vissuta da residenti con demenza avanzata: analisi qualitativa PIECE-dem

Marta Zerbinati[1], Anna Castaldo[2], Andrea Fabbo[3], Fabrizio Giunco[4], Marco Rocchi[5], Paola Ferri[6]
[1]Focos Argento - Hr Care Srl, [2]ASST Gaetano Pini, [3]ASL Asti, [4]Istituto Palazzolo, [5]Università degli Studi di Urbino "Carlo Bo", [6]Università di Modena e Reggio Emilia

PIECE-dem (Person–Interaction–Environment Care Experience in Dementia) è un'osservazione minuto-per-minuto finalizzata a cogliere l'esperienza soggettiva delle persone con demenza grave. Registra i bisogni non soddisfatti, la qualità delle interazioni e le caratteristiche dell'ambiente di cura, aiutando il personale a riconoscere pratiche sia trascuranti (psicologia sociale maligna) sia promotrici di benessere.

L'analisi Piece-Dem è parte dello studio Best Practice Dementia Care (BPDC) che ha coinvolto 2 residenze intervento e 2 controllo. Le rilevazioni plurime (T0, 6, 12 e 18 mesi) a cura di esperti, hanno riguardato 4 residenti/struttura in blocchi alternati di 15 minuti.

Nei due centri intervento, al T0 predominavano espressioni di distress non gestito, routine prestazionali e ambienti sovra- o sotto-stimolanti. Nel tempo si sono consolidate tre trasformazioni:

- Maggior autodeterminazione – i residenti sceglievano il posto, si muovevano senza contenzioni e svolgevano pasti e igiene in parziale autonomia.
- Psicologia sociale supportiva – riconoscimento caloroso, positive person work e umorismo condiviso hanno sostituito interazioni basate sul compito; il ritmo dell'assistenza si è adattato ai comportamenti dei residenti.

- Ambiente di cura arricchito – gli spazi sono passati da "mancanza di libertà di movimento" e stimoli scarsi a contesti individualizzati e orientati ai bisogni dei residenti con demenza; i fattori di stress ambientale sono diminuiti, sono comparsi oggetti per favorire il coinvolgimento e si sono ridotte le condizioni di ritiro e di disagio.

Le strutture di controllo, in cui il personale non aveva ricevuto la formazione BPDC, hanno mostrato piccoli miglioramenti qualitativi (meno interazioni negative e fattori di stress ambientale), e i progressi sono rimasti discontinui.

Le valutazioni iterative PIECE-dem hanno trasformato l'osservazione silente in insight operativi. Nei centri sperimentali i principi BPDC sono stati tradotti nella pratica quotidiana, con benefici in autonomia, interazioni supportive e comfort ambientale, grazie alla formazione e all'esercizio della pratica riflessiva sui comportamenti di cura e assistenza.

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Sessioni ITALIANE: La città che vorrei, la comunità a sostegno della fragilità (Alzheimer Uniti Italia)

08/10/2025 - 10:00-15:45 - POSIT05. La città che vorrei

POSIT05-01 - 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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08/10/2025 - 10:00-15:45 - POSIT05. La città che vorrei

POSIT05-04 - Centri di incontro in Fassa e Fiemme

Annalisa Zorzi[1], Annalisa Zorzi[1], Roberto Nizzi[1], Martina Volcan[2]
[1]Rencureme odv, [2]coop sociale Le Rais

Siamo una piccola associazione Alzheimer delle Valli di Fiemme e Fassa in Trentino, denominata Rencureme odv

Vogliamo presentare la nostra esperienza dei Centri di Incontro 'I sempreverdi' e 'Star ensema' rispettivamente di Cavalese e san Giovanni di Fassa. Sono nati dopo una visita della nostra associazione e dei servizi sociali di Fiemme e Fassa al Centro di incontro di Fidenza su invito della dott. Simona Gardini.

Questi luoghi sono il risultato di un esperimento in corso da alcuni anni e che si è ormai consolidato, pensato dalla nostra associazione per offrire stimolazione cognitiva e uno spazio sociale organizzato in piccoli paesi di montagna con coinvolgimento delle Comunità di Valle, di una Cooperativa Sociale, della Croce Rossa. Il format è adattato al territorio e prevede la presenza di volontari e specialisti per le varie attività offerte.

Questo ci ha permesso di posizionarci in modo autorevole nella Comunità collaborando con varie agenzie formative e culturali e raccogliendo finanziamenti da parte della popolazione e da soggetti privati e pubblici.

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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 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-01 - Progetto Amico: un sostegno concreto per le persone con demenza ad esordio giovanile

Simona Mazzagatti Elisei, Livio Filomena
Progetto Amico Croce Rossa Ticino Sezione del Sottoceneri

Il **Progetto Amico** nasce nell'ambito della Strategia Nazionale e Cantonale per le demenze e si integra nei servizi offerti dalla Croce Rossa Svizzera – sezione del Sottoceneri. Il suo scopo è creare un collegamento immediato tra le persone con demenza e la rete di assistenza locale, con particolare attenzione ai casi di **demenza ad esordio giovanile** e a coloro che, avendo un background migratorio non hanno conoscenze della malattia o dei servizi presenti sul territorio.

Affrontare una malattia seria quando si è giovani significa vedere la propria vita cambiare all'improvviso: progetti messi in pausa, energie limitate, relazioni da rinegoziare, figli da proteggere, un futuro che si fa incerto.

Progetto Amico nasce proprio per questo: per stare accanto a chi vive l'esperienza della malattia in un'età in cui ci si sente ancora nel pieno del cammino.

Cosa offre il progetto

- **Facilitare l'accesso ai servizi territoriali e Creare una rete di collaborazione** con le realtà locali, per un'assistenza più efficace e inclusiva
- **Sostegno psicologico personalizzato**, **Spazi di ascolto e confronto** individuali e di gruppo

- **Supporto alla genitorialità**, per chi ha figli piccoli o adolescenti e desidera affrontare con loro la malattia in modo autentico, ma protettivo.
- **Laboratori e attività cognitive, motorie, creative o espressive**
- **Aiuto nella gestione del quotidiano**
- **Percorsi di empowerment e resilienza**
- **Alleviare il carico dei caregiver**, offrendo momenti di sollievo (gite, vacanze) e un servizio di trasporto gratuito.

Un alleato nel momento giusto

Progetto Amico è un alleato silenzioso ma presente: non pretende di risolvere tutto, ma **offre una presenza vera, continua, umana**.
È pensato per persone giovani che non vogliono sentirsi definite dalla malattia, ma che desiderano **sentirsi viste, comprese e accompagnate** in questo tratto difficile del percorso.

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08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-02 - Ricor-Dare, progetto di sviluppo di una rete integrata a sostegno di persone con demenza e loro caregivers nella provincia di Pavia.

Karin Keller[1], Virginia Aglieri[1], Daniele Bosone[2], Alfredo Costa[2], Nicola Allegri[2], Antonella Maestri[3], Nicola Schifino[4], Maurizio Niutta[4]
[1]Consorzio Domicare, [2]Fondazione Mondino Istituto Neurologico Nazionale a Carattere Scientifico | IRCCS, [3]Azienda di Servizi alla Persona Pavia, [4]Azienda Servizi alla Persona Pavia

Ricor-Dare è un progetto per la provincia di Pavia nato nel 2023 dalla collaborazione IRCCS Fondazione Mondino Pavia, Azienda di Servizi alla Persona Pavia e Consorzio Domicare Pavia con un contributo di Fondazione Cariplo.

Obiettivo principale è integrare le diverse competenze del territorio e facilitare la creazione di una rete integrata di servizi per le persone affette da demenza e i loro caregivers, con l'ambizione di sperimentare un modello usufruibile da altri.

Attivi da quasi due anni possiamo condividere le azioni svolte per un momento di riflessione e diffusione di alcune buone pratiche. Sarà utile condividere anche le difficoltà organizzative, le azioni più difficili o non percorribili.

Dopo 6 mesi di progettazione abbiamo realizzato:

- Costituzione della rete territoriale (oltre 13 enti) e il primo tavolo di coordinamento provinciale con ATS PV, ASST PV, MMG, CDCD, rete farmacie, piani di zona. Importante la partnership con la neonata associazione dei familiari A.D.M.A. Pavia,

ci siamo sostenuti a vicenda e integrati. L'intera rete, costruita con impegno e fatica, offre ai cittadini un percorso più chiaro ed efficace.

- Costituzione della prima **Centrale Operativa Demenze,** modello innovativo di presa in carico territoriale che raccoglie le esigenze delle famiglie ed è riferimento per gli attori Spazio fisico con psicologo e assistente sociale che ad oggi ha offerto orientamento e indicazioni a oltre 300 famiglie.
- Elemento critico al quale è necessario porre molta attenzione è la comunicazione verso i cittadini. Tra i diversi canali usati la rete delle farmacie è stata la più efficace.
- Ulteriori realizzazioni: caffè Alzheimer di Pavia e Stradella, screening di diagnosi precoce, stimolazione cognitiva, sostegno caregivers individuale e di gruppo, eventi di sensibilizzazione.
- Accompagnamento del Comune di Casorate Primo a diventare la prima comunità amica delle demenze in provincia.

Siamo ora impegnati sulle possibili future strategie per mantenere i servizi ora forniti.

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08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-03 - La Presa In Carico Multidisciplinare Di Una Persona Con Disturbo Neurocognitivo Ad Esordio Giovanile

Mabel Martelli[1], Valentina Olivelli[1], Anna Lucicesare[2], Silvia Marini[2], Giusi Perna[2], Mariangela Bianconcini[2], Giovanni Chioma[2], Roberta Marescotti[3], Anna Ortolani[3], Malvina Mazzotta[4], Massimo Menetti[2]
[1]AUSL IMOLA, [2]Ausl Imola, [3]ASP Circondario Imolese, [4]AUSL Imola

Introduzione: Giungono alla nostra attenzione di sanitari persone con demenza con problematiche complesse cliniche e gestionali, che richiedono un lavoro di Equipe

Scopo: Lo scopo del nostro lavoro è illustrare l'attività svolta dal CDCD dell'Ausl di Imola nel trattare una persona con demenza ad esordio giovanile con implicazioni multidisciplinari

Metodo: Case-report che illustra in modo esemplificativo la nostra modalità di lavoro

Descrizione: Persona di 60 anni, vive con la moglie e figlio minorenne. Pregresso consumo etilico. Assume Venlafaxina. Esami ematici normali. Stenosi carotidea non emodinamica.

Giunge al CDCD per deficit della memoria a breve termine, anomie.

Prima valutazione (6/2023) MMSE 24.97/30 Clock test 0/10, GDS 1/5 Completa autonomia funzionale

Inquadramento diagnostico mediante PET, valutazione neuropsicologica e NPI-Q; diagnosi di **Disturbo neurocognitivo minore a genesi neurodegenerativa probabile con alterazioni comportamentali**

Discussione multidisciplinare in team, attivazione servizi sociali territoriali, oss ed educatore domiciliare. Avvio invalidità civile.

Terapia **farmacologica** (Donepezil, cardioaspirin, quetiapina) e **non farmacologica** (stimolazione cognitiva, supporto psicologico alla moglie)

Nel tempo progressione in **Disturbo neurocognitivo maggiore di grado lieve a genesi neurodegenerativa probabile (tipo atrofia corticale posteriore) con alterazioni comportamentali.** Si aggiunge Memantina.

Separazione dalla moglie, conseguente **solitudine**. Coinvolgimento fratelli del paziente, potenziamento assistenza domiciliare (terapia ad orari semplificati), stimolazione cognitiva (protocollo CST Fondo Alzheimer, progetto START arte-relato). Nomina amministratore di sostegno.

Controllo (11/2024) MMSE 21.53/30, peggioramento funzionale (assistenza per igiene, pasti) **Risoluzione degli aspetti comportamentali, sospende Quetiapina.**

Discussione: La modalità di lavoro di equipe ha contenuto gli aspetti comportamentali della persona con demenza, dando sollievo al suo disagio, nonostante le notevoli difficoltà familiari e personali

Conclusioni: Occorre considerare globalmente la persona con demenza per una presa in carico efficace con interventi multimodali e **strategie "su misura"**, tagliate sui suoi bisogni.

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08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-04 - La Gestione Multidisciplinare Di Una Persona Con Disturbo Neurocognitivo E Depressione

Mabel Martelli[1], Valentina Olivelli[1], Anna Lucicesare[2], Silvia Marini[2], Giusi Perna[2], Mariangela Bianconcini[2], Giovanni Chioma[2], Roberta Marescotti[3], Anna Ortolani[3], Malvina Mazzotta[4], Massimo Menetti[2], Federica Bergolari[2]
[1]AUSL IMOLA, [2]Ausl Imola, [3]ASP Circondario Imolese, [4]AUSL Imola

SCOPO: Lo scopo della nostra presentazione è illustrare la modalità di lavoro multiprofessionale dell'Equipe del CDCD dell'Ausl di Imola che ha seguito nel tempo una persona con demenza e depressione.

METODO: Case-report con osservazione nel tempo di una signora in carico al nostro Servizio dal 2015.

DISCUSSIONE: La signora è affetta da sindrome depressiva trattata con sertralina. Vive col marito dializzato per insufficienza renale cronica.

Nel 2015 si rileva "**Deficit attentivo e della memoria di lavoro, disturbo dell'umore ad impronta depressiva**"

Nel 2021 peggioramento del quadro (eseguiti meno controlli durante il periodo pandemico). Alla visita MMSE 24.7/30 Clock test 6/10, ADL 6/6, IADL 5/8, NPI 40/144 (irritabilità, motilità aberrante, deliri, disinibizione, disturbi del sonno). Stress moderato-grave del caregiver (ZARIT 54).

Inquadramento con RMN encefalo, valutazione neuropsicologica; diagnosi di "**Disturbo neurocognitivo maggiore di grado lieve a verosimile genesi mista**

(neurodegenerativa e vascolare) con disturbi del comportamento". Terapia farmacologica (Rivastigmina, Olanzapina)

Presa in carico **multiprofessionale e globale** della nostra Equipe, attivazione servizi sociali con inserimento in Centro Diurno, stimolazione cognitiva con OSS a domicilio, inserimento al Caffè Alzheimer, supporto psicologico al marito e coinvolgimento delle figlie.

Controllo (1/2024) MMSE 22.7/30, peggioramento funzionale (assistenza per igiene, incontinenza) **NPI 14/144, ZARIT 49. Riduzione dell'entità e severità delle alterazioni comportamentali, del carico e distress del caregiver** anche grazie alle strategie non farmacologiche messe in atto. Il marito della signora ha portato la sua testimonianza al corso caregivers, da noi organizzato.

CONCLUSIONI: E' fondamentale una presa in carico globale della persona con demenza e la **"costruzione di un progetto su misura"** tarato sui suoi bisogni, per cui è importante il lavoro "di squadra" fra professionisti e la condivisione del progetto di cura con la famiglia.

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08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-05 - Modello interdisciplinare di valutazione e trattamento per la gestione integrata di BPSD severi in pazienti con disturbo neurocognitivo maggiore.

Lucia Amadori[1], Peter Luis Amaduzzi[1], Christian Di Luccio[1], Maria Giovanna Cozza[1], Elisa Ferriani[2], Flavia Labarile[1], Elisa Crocetti[1], Simona Sarti[3], Rosaangela Ciarrocchi[3], Alessandra Ortolani[4], Sebastiano Rosano[4], Rosario Gagliardi[4], Andrea Parrella[4], Simona Linarello[1]
[1]AUSL Bologna Dipartimento Cure Intermedie, [2]AUSL Bologna, [3]AUSL Bologna Unità Attività Socio Sanitarie, [4]ASP Città di Bologna, Centro Servizi Giacomo Lercaro

Da dicembre 2023 AUSL Bologna in collaborazione con ASP ha avviato progetto sperimentale dedicato a pazienti con BPSD scompensati con difficile gestione domiciliare.

Il progetto si articolava su 2 posti letto con durata media di ricovero di 30 giorni presso CRA Lercaro.

I criteri di inclusione prevedevano:

- Diagnosi di disturbo neurocognitivo maggiore con BPSD rilevanti (UCLA-NPI>24/144) in pazienti con stabilità clinica, limitate comorbilità (CDR<4, CIRS <3, Barthel index > 24) e conservata autonomia almeno nei trasferimenti.
- Difficoltosa assistenza domiciliare (frequent user di PS per BPSD, scarsa compliance farmacologica, burn out del caregiver e/o scarsa applicabilità di strategie non farmacologiche)

- necessità di monitoraggio clinico/strumentale durante la fase dose finding della terapia farmacologica

La segnalazione al progetto poteva provenire da CDCD, MMG, COT o TCI territoriale/ospedaliero e veniva valutata dai geriatri coinvolti nel progetto quindi autorizzata.

L'equipe che prendeva in carico il paziente era composta dai professionisti della CRA Lercaro (medico di struttura, Responsabile attività sanitarie e assistenziali, Coordinatore di struttura, Psicologo, Animatore, Fisioterapisti) e professionisti AUSL (medici geriatri CDCD, psicologi, servizi sociali, psichiatra consulente).

Il Team BPSD si riuniva settimanalmente e si occupava di:

- definire PAI per ogni paziente,
- proporre interventi non farmacologici da realizzarsi in collaborazione con il caregiver,
- identificare il setting assistenziale più adeguato per l'assistenza del paziente (residenziale o domiciliare con servizi di supporto),
- proporre counseling psicologico ai caregiver,
- introdurre/rimodulare terapia farmacologica monitorandone i potenziali effetti avversi.

Nell'anno 2024 hanno partecipato al progetto 21 pazienti (caratteristiche demografiche in tabella1).

Per quanto riguarda gli esiti segnaliamo il decesso di 2 ospiti, 13 pazienti sono stati istituzionalizzati, 6 sono rientrati al domicilio.

Abbiamo registrato come outcome (tabella2) sul contenimento del disturbo comportamentale una riduzione significativa del valore di NPI rispetto all'ingresso a fronte di una rimodulazione della terapia farmacologica in termini di deprescribing.

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POSIT06-06 - Adriano SiCura. Framework di un modello di intervento integrato per la salute e il ben-vivere in età anziana.

Annalisa Pelacci[1], Marica Mainolfi[2], Leonora Chiavari[2]
[1]PROGES scarl, [2]

Ricomposizione e implementazione delle filiere di sostegno e cura formali ed informali, welfare comunitario, di prossimità e generativo, prevenzione e intercettazione precoce della vulnerabilità, orientamento e facilitazione all'accesso ai servizi, engagement e awareness per la creazione di comunità "amichevoli" e solidali, empowerment bio-psico-sociale, sanità d'iniziativa, assistenza 4.0 e abilitazione digitale, invecchiamento attivo, promozione socio-culturale e riduzione dell'isolamento delle persone in età anziana, cucitura di relazioni intergenerazionali, intercultura e inclusione.

Questi sono i principali obiettivi di Adriano SiCura, progetto pilota triennale finanziato da Fondazione Cariplo, che vede coinvolti 8 partner: le cooperative sociali Proges (capofila), SAS e Industria Scenica, le associazioni Atelier della Mente e AMA Milano specializzate nella demenza, i volontari di Amici di Casa della Carità, il partner scientifico ARS e l'azienda sanitaria pubblica ASST FBF-Sacco.

Il Progetto consta di diverse azioni rivolte a persone assistite e caregiver: ambulatorio socio-sanitario di prossimità con un'équipe interdisciplinare composta da IFeC, AS, Geriatra, Psicologo (mediatori socio-culturali attivabili al bisogno); reclutamento precoce degli assistiti, attivazione di sostegni domiciliari, iniziative animative e di socializzazione attraverso 2 operatori di quartiere coadiuvati da volontari; sostegni alla demenza con Centro d'Incontro e FAB LAB di sartoria e falegnameria condotti da psicologo, neuropsicomotricista ed educatore, counselling psicologico, GAMA e terapia EMDR per i caregiver, attività da remoto

(stimolazione cognitiva, neuropsicomotricità, gruppi di conversazione); azioni di coinvolgimento, sensibilizzazione e divulgazione rivolte alla cittadinanza.

Il tutto collocato presso l'Adriano Community Center, hub polifunzionale esito di rigenerazione urbana nel quale sono presenti una RSA con Dementia Unit, appartamenti protetti, e-work café, coworking, poliambulatori e il punto di comunità Magnete, il cui auditorium è crocevia di eventi culturali e iniziative frutto di un programma di direzione artistica partecipata. Nel primo anno e mezzo di attività Adriano SiCura si è affermato per efficacia e capillarità, superando con 270 assistiti i target quali-quantitativi preventivati.

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POSIT06-07 - Team Cure Intermedie Territoriale (TCI): un modello integrato e stratificato per la presa in carico domiciliare delle persone ad alto bisogno socio-clinico-assistenziale.

Elisa Crocetti[1], Lucia Amadori[1], Christian Di Luccio[1], Alice Maccarrone[1], Lucia Bosi[1], Cecilia Lambertini[1], Peter Luis Amaduzzi[1], Stefano Gnoni[1], Lorenzo Gaggi[1], Antonella Tempestini[1], Mariagiovanna Cozza[1], Doina Macovei[1], Valeria Ruffato[2], Elisabetta Lanzoni[1], Riccardo Sermasi[1], Simona Linarello[1]

[1]Azienda USL di Bologna - Dipartimento dell'Integrazione, [2]

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 tre 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 metropolitani entro il 2025.

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08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-13 - Integrare Il Centro D'Incontro Nella Rete Di Cura Del Territorio.

Leonora Chiavari, Maria Cristina Negro
Atelier della Mente

A maggio 2024 è stato avviato il progetto "Accanto alle persone con Alzheimer: un Centro d'Incontro per la Città di Segrate" che si propone di aprire un Centro d'Incontro (CI) secondo il modello Meeting Centres Support Programme (MCSP) per sostenere la cura a domicilio di Persone Con Demenza (PCD) in fase lieve e moderata in collaborazione con il Comune di Segrate e le principali realtà territoriali impegnate per la terza età quali: servizi sociali territoriali, centro diurno anziani, medici di medicina generale, sindacato pensionati italiani CGIL, sportello di cittadinanza al lavoro.

La prima azione di progetto infatti prevedeva la costruzione di un protocollo di collaborazione operativo di presa in carico e orientamento delle famiglie che si confrontano con il decadimento cognitivo che a partire dall'intercettazione precoce dei segnali di decadimento cognitivo offra alla famiglia risposte concrete ai bisogni delle prime fasi di malattia e la accompagni verso i servizi di supporto per le fasi più avanzate. Il protocollo di collaborazione include anche le modalità di presa in carico delle famiglie con fragilità economica da parte del Comune di Segrate, le modalità di riferimento delle famiglie al CI, le modalità di invio delle diadi altri servizi sul territorio.

La validità del protocollo verrà valutata a un anno dall'apertura del CI (settembre 2025) e al termine del progetto (maggio 2026) attraverso l'analisi di dati numerici e qualitativi sugli invii

al CI, sull'utilizzo di altri servizi territoriali, sull'aderenza al progetto e sul percorso di presa in cura della famiglia.

Si intende presentare il processo di costruzione del protocollo di collaborazione e i dati sulla sua validità dopo un anno di operatività.

Il progetto "Accanto alle persone con Alzheimer: un Centro d'Incontro per Segrate" è stato finanziato da Fondazione di Comunità Milano (Bando 57) con il contributo economico di SPI Milano e SPI Lombardia.

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08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-12 - Narrazione, cura e rete: un'esperienza integrata nella presa in carico della persona con demenza e del caregiver

Nikolai Salvatore Pagano[1], Anna Ortolani[2]
[1]Private, [2]ASP Circondario Imolese

Il presente progetto intende presentare i risultati di una ricerca qualitativa condotta presso la CRA "Cassiano Tozzoli" di Imola, centrata sull'ascolto e la valorizzazione delle narrazioni di vita delle persone affette da Alzheimer. Il progetto, basato su interviste e laboratori esperienziali (tra cui la fotografia narrativa), ha messo al centro il vissuto degli ospiti e dei loro familiari, indagando il ruolo delle relazioni nella co-costruzione di significati e nel mantenimento dell'identità personale, anche nella fragilità. Attraverso l'integrazione di operatori socio-sanitari, caregiver e famiglia, si è delineato un modello di presa in cura "in rete", capace di rispondere in modo personalizzato e partecipato ai bisogni complessi della persona con demenza. L'esperienza si è rivelata una buona pratica che sottolinea l'importanza della dimensione relazionale e narrativa come risorsa terapeutica non farmacologica, promuovendo una visione della cura come accompagnamento empatico, continuo e condiviso.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 10:00-15:45 - POSIT06. La presa in cura in rete

POSIT06-08 - Il Progetto A.R.I.A. (Attività di Rete per l'Invecchiamento Attivo) e l'empowerment dei Caregiver

Costa Valentina, Carullo Beatrice
ASP UMBERTO PRIMO

L'OMS ha sviluppato il concetto di 'Active Ageing' per promuovere la salute, la partecipazione e la sicurezza degli anziani,
evidenziando l'importanza di politiche che favoriscano un ruolo attivo nella società a tutte le età.
L'isolamento sociale, particolarmente impattante per le persone con demenza, è stato ulteriormente aggravato dalla pandemia di COVID- 19.
In un contesto sociale e geografico caratterizzato da uno dei più alti indici di vecchiaia in Europa, nasce a Pordenone nel
2022 il progetto A.R.I.A (Attività di Rete per l'Invecchiamento Attivo), promosso dall' **A.S.P Umberto Primo** - Azienda Pubblica di Servizi alla Persona, con il contributo della Regione Friuli Venezia Giulia.
Il progetto si inserisce in questo contesto offrendo **servizi a domicilio personalizzati e multidisciplinari alle famiglie** che si prendono cura delle persone con disturbo neuro cognitivo con l'obiettivo di migliorare la qualità della vita del nucleo
familiare, prevenire il declino cognitivo, rallentare la progressione della malattia e il burden dei caregiver; non solo,
organizzando **cicli di incontri formativi** e di **sensibilizzazione rivolti alla cittadinanza** (Reti di Volontari di Comunità, Assistenti Familiari, Associazioni di Categoria) sul tema dell'Invecchiamento Attivo e in Salute e sul fenomeno delle Demenze, mira a disseminare buone prassi, favorire l'empowerment e fornire informazioni sulle strategie per mantenersi cognitivamente in salute anche in presenza di fragilità, in un'ottica di presa in **carico comunitaria della Persona** e dei **Caregiver**. Significativa a questo proposito l'ultima iniziativa dal **17 al 24 maggio nelle maggiori piazze di mercato del territorio 'La**

Settimana della Prevenzione: Lo sreening cognitivo' per sensibilizzare la cittadinanza sui fattori di rischio di declino cognitivo offrendo **check-up gratuiti** (test cognitivi e rilevazione dei parmetri) e suggerimenti personalizzati e sartoriali rispetto alla **propria condizione di 'riserva cognitiva'**, in collaborazione con il reparto di Neurologia dell'Azienda Sanitaria Friuli Occidentale.

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

08/10/2025 - 10:00-15:45 - POSIT07. Inteligenza artificiale

POSIT07-01 - Le Attività On Line Per Le Persone Con Demenza: Una Nuova Opportunità Di Stimolazione E Socialità

Leonora Chiavari, Federica Fortini, Giulia Cappellini
Atelier della Mente

In questa presentazione intendiamo portare l'esperienza quadriennale di Atelier della Mente sulle attività on line rivolte alle persone con demenza evidenziandone le caratteristiche, i vantaggi e le criticità e le strategie adottate per la risoluzione dei problemi.

Atelier della Mente utilizza per le attività on line una delle tante piattaforme per videoconferenze. Per la partecipazione è consigliabile l'uso di un tablet o di un PC e possibilmente di cuffie avvolgenti. In molti casi è necessaria la presenza di un caregiver che possa aprire il link. Le attività on line vengono proposte in piccolo o medio gruppo. Tra le maggiori criticità riscontrate ci sono l'ipoacusia, l'ipovisione e l'afasia, la presenza in casa di attività rumorose e i problemi di connessione.

Le attività offerte da Atelier della Mente sono: - la stimolazione cognitiva. Durante l'incontro vengono proposti esercizi prevalentemente orali costruiti ad hoc in piccoli gruppi (4-5 persone) omogenei per gravità e tipologia di disturbi cognitivi; - la psicomotricità. Prevede semplici esercizi motori da seduti anche con l'utilizzo di oggetti recuperati in casa come per esempio bottigliette di plastica da usare come pesi; - l'ora del tè. Un gruppo di conversazione di 8-10 partecipanti rivolto a persone con demenza e loro familiari che si tiene alle 17.00 anche per aiutare le famiglie a superare la delicata ora del tramonto.

Le attività on line si sono rivelate un'ottima opportunità di socializzazione oltre che di stimolazione cognitiva e motoria. Nella nostra esperienza vengono richieste in ugual misura

da persone che non riescono a frequentare servizi in presenza per problemi logistici (distanza) o motori e da persone che vogliono invece integrare le attività in presenza.

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

08/10/2025 - 10:00-15:45 - POSIT07. Inteligenza artificiale

POSIT07-02 - Marker Linguistici e trattamento language-focused nella demenza di Alzheimer

Erika Smeriglio
Università degli Studi di Messina, Dip. Cospecs - Scienze Cognitive, Psicologiche, Pedagogiche e degli Studi Culturali

Abstract: Partendo da una panoramica sulle applicazioni cliniche dell'AI nella diagnosi precoce, nel trattamento e nel supporto all'autonomia della persona con malattia di Alzheimer, lo studio proposto si inserisce nella più recente cornice teorica che interpreta l'AD come un processo neurodegenerativo di livello sistemico, piuttosto che limitato a singole aree cerebrali. In tale prospettiva, si propone l'integrazione di strumenti AI-based all'interno di protocolli di intervento non farmacologico, al fine di favorire approcci terapeutici personalizzati orientati al potenziamento cognitivo ed emotivo della persona.

L'attenzione è rivolta in particolare ai marker linguistici, considerati indicatori precoci e sensibili del declino cognitivo, e al loro possibile impiego non solo ai fini diagnostici, ma in fase di trattamento. In chiave neuropsicologica, vengono descritte le principali caratteristiche linguistiche osservabili nei pazienti con AD, mettendone in luce le implicazioni cliniche, riabilitative e sociali. Lo studio prende in esame le evidenze scientifiche internazionali e nazionali più recenti (Eygoz et al. 2020; Amini et al. 2024; Dimitriou et al. 2024) presentando un protocollo attualmente in fase di sperimentazione presso il Centro Alzheimer della Sicilia Orientale.

L'intervento prevede attività di stimolazione cognitiva language-focused su un campione AD confrontato con un gruppo di controllo, con l'obiettivo di valutare

efficacia, limiti e potenzialità applicative. In conclusione, il lavoro intende contribuire allo sviluppo di strumenti innovativi per il trattamento dell'AD, promuovendo una maggiore equità nell'accesso alle cure e strategie volte a preservare l'autonomia e la qualità di vita dei pazienti (Spector et al. 2010; Lobbia et al. 2019; Carbone et al. 2021;).

Keywords: AI, AD, Scienze Cognitive, Trattamento language-focused, Equità sanitaria.

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

08/10/2025 - 10:00-15:45 - POSIT07. Inteligenza artificiale

POSIT07-03 - Tele Cognitive Movement (TCM): l'IA a domicilio a servizio di corpo e mente.

Sara Fascendini[1], Simona Brusamolino[2], Alessandro Carminati[3], Marco Esposito[3], Valentina Galbiati[4], Simona Giovanelli[2], Milena Guizzetti[3], Matteo Malegori[3], Valeria Viti[4]

[1]FERB Onlus Fondazione Europea di Ricerca Biomedica, [2]Cooperativa generazioni FA, [3]Tecnobody SpA, [4]Cooperativa Generazioni FA

Tele Cognitive Movement (TCM): l'IA a domicilio a servizio di corpo e mente.

Il progetto TCM è un'iniziativa di coprogettazione nata dalla collaborazione tra il Centro di Eccellenza Alzheimer Ferb ONLUS di Gazzaniga, Generazioni FA Società Cooperativa Sociale e l'azienda Tecnobody, che opera nell'ambito della produzione di strumenti tecnologici per la neuroriabilitazione.

A partire dall'assunto che l'attività fisica e la stimolazione cognitiva possono essere considerati una strategia non farmacologica nella prevenzione/attenuazione del decadimento cognitivo, i partner di progetto stanno sperimentando **un modello di intervento che integra la tecnologia avanzata in servizi di assistenza sanitaria e sociale e che, contestualmente, sviluppa nuovi modelli di assistenza di tipo domiciliare**.

La sfida del progetto è quella sperimentare la tele-riabilitazione attraverso l'innovazione digitale: sono stati messi a disposizione degli anziani con deficit cognitivo lieve e dei loro caregivers alcuni dispositivi tecnologici per la stimolazione motoria e cognitiva che facilitano la relazione e la consulenza on-line da parte di professionisti specializzati (fisioterapisti,

neuropsicologi, medici geriatri, educatori). Per le persone con deficit cognitivo lieve-moderato, l'obiettivo è di ritardarne il più possibile la progressione; per i caregiver quello di ridurre la solitudine ed i rischi correlati.

La finalità del progetto è sperimentare un modello di intervento che implementi la tecnologia avanzata in servizi di assistenza sanitaria e sociale e che sviluppi nuovi modelli di assistenza di tipo domiciliare. Siamo convinti che il potenziamento del servizio di assistenza a domicilio possa migliorare significativamente la vita degli anziani e di chi se ne prende cura, con un miglioramento della salute delle persone, un ampliamento della qualità dell'assistenza e anche una riduzione dei costi per la collettività, riteniamo che la sfida sociale attuale sia la realizzazione di una trasformazione digitale che riguardi non solo la tecnologia, ma anche le persone e le modalità con cui si relazionano tra di loro.

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

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

08/10/2025 - 10:00-15:45 - POSIT07. Inteligenza artificiale

POSIT07-04 - Neuroscienze e Algoritmi: Nuove Frontiere nella Diagnosi e Assistenza della Demenza.

Luca Croci
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L'**Intelligenza Artificiale (IA)** sta emergendo tra le risorse fondamentali nel campo della neurologia, dato che è in grado di offrire nuove prospettive nella diagnosi precoce e nella gestione della demenza. L'IA, grazie alla sua capacità di elaborare e analizzare grandi quantità di dati, permette infatti di identificare pattern complessi associati alla patologia, migliorando significativamente l'efficacia degli interventi e la qualità della vita dei pazienti.

Recenti studi hanno mostrato come **l'IA possa riconoscere segni premonitori della demenza addirittura sei anni prima che i sintomi clinici diventino evidenti**; per fare un esempio, un gruppo di ricerca dell'Università di Cambridge ha sviluppato modelli predittivi capaci di anticipare l'evoluzione della lieve compromissione cognitiva verso forme più gravi di demenza.

Interessante anche l'**uso di chatbot basati sul *Natural Language Processing (NLP)***, strumenti efficaci per il monitoraggio cognitivo degli anziani. Questi sistemi, attraverso l'interazione verbale, sono in grado di valutare le abilità descrittive e rilevare segni di deterioramento cognitivo, rivelandosi una risorsa utile per il monitoraggio da remoto.

Un altro sviluppo significativo riguarda **l'integrazione dell'IA con l'Internet delle Cose (Internet of Things - IoT)**, che consente di monitorare autonomamente le attività quotidiane dei pazienti affetti da demenza. Questi dispositivi intelligenti possono, in

pratica, **rilevare comportamenti anomali e prevedere tendenze nei comportamenti**, permettendo ai medici di intervenire in modo tempestivo e personalizzato.

L'adozione di queste tecnologie comporta un gran numero di sfide, in particolare per quanto riguarda **la gestione della privacy dei dati sensibili** e l'integrazione dell'IA nel contesto clinico già esistente. Tuttavia, è ormai impossibile negare che l'IA abbia il potenziale di ridurre l'isolamento sociale, migliorare l'autonomia dei pazienti e ottimizzare l'assistenza, offrendo una frontiera promettente nella lotta contro la demenza, con la possibilità di trasformare il trattamento e la gestione della malattia in modo positivo ed efficace.

LUCA CROCI

Operation Manager Colisée Italia