

citicoline 1000mg (1-0-0) until the behavioral symptoms were mild. At discharge the patient returned to the residential home where he was adequately supervised.

The initial clinical presentation of FTD mimics other psychiatric symptoms, which challenges a correct differential diagnosis and thus leads to highly risk of misdiagnosis and delay in an adequate management of these patients. An interdisciplinary clinical evaluation may be useful for the differential diagnosis.

APA (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Washington, DC: American Psychiatric Association.

Da Ponte G.; Paiva, A.; Lobo M.; Mendes S.; Fernandes S. (2010). 'Mania like symptoms in frontotemporal dementia', *European Psychiatry*, Vol.25: 563-563.

Olney N. T.; Spina S.; Miller B. L. (2017) 'Frontotemporal Dementia', *Neurologic Clinics*, Vol 35 (2): 339–374.

Pose M. A.; Cetkovich M.; Gleichgerrcht E.; Ibáñez A.; Torralva T.; Manes F. (April 2013) 'The overlap of symptomatic dimensions between frontotemporal dementia and several psychiatric disorders that appear in late adulthood', *International Review of Psychiatry*, Vol.25 (2): 159–167.

Sadock, B. J.; Sadock, V. A.; Ruiz, P. (2015). *Kaplan & Sadock's Synopsis of Psychiatry*, Philadelphia: Wolters Kluwer.

Santos C. O.; Caeiro, L.; Ferro J.M.; Figueira M. L. (2011) 'Mania and Stroke: a Systematic Review', *Cerebrovascular Diseases*, Vol.32: 11–21.

Woolley J. D.; Khan B. K; Rankin K. P. (2011) 'The diagnostic challenge of psychiatric symptoms in neurodegenerative disease; rates of and risk factor for prior psychiatric diagnosis in patients with early neurodegenerative disease', *Journal of Clinical Psychiatry*, Vol.72 (2): 126-133.

P89: Sleep problems and mild behavioral impairment among the middle to old age people

Cheng-Sheng Chen

Backgrounds: Mild behavioral impairment (MBI) has been considered as a pre-dementia state. Aspects of MBI include decreased motivation, affective dysregulation, impulse dyscontrol, social inappropriateness, and abnormal perception or thought content. Sleep problems are various and common in the elderly. Part of sleep problems, such as REM sleep behavioral disorders (RBD), is prodromal or early symptoms in the development of neurodegenerative disorder. The association between these MBI and sleep problems has not been investigated.

Methods: Middle-to-late aged subjects from the community were invited. Neuropsychiatric Inventory Questionnaire (NPI-Q), REM sleep behavior disorder screening questionnaire (RBDSQ), and MBI checklist (MBI-C) were used to assess sleep problems, RBD and MBI.

Results: In total, 182 subjects with mean age of 66.2 (7.3) years and 40.1% male were enrolled. 29.4% of them had sleep problems, whereas 13.2% were RBD positive. Correlations by adjusting for age and sex between sleep problems, RBD and MBI-C were total score of MBI (sleep: $r=0.22$, $p=0.005$; RBD: $r=0.27$, $p<0.001$), MBI-decreased motivation (sleep: $r=0.07$, $p=0.38$; RBD: $r=0.14$, $p=0.082$), MBI-affective dysregulation (sleep: $r=0.18$, $p=0.023$; RBD: $r=0.24$, $p=0.002$), MBI-impulse dyscontrol (sleep: $r=0.25$, $p<0.001$; RBD: $r=0.28$, $p<0.001$), MBI-social inappropriateness (sleep: $r=0.20$, $p=0.008$; RBD: $r=0.12$, $p=0.13$), and MBI-abnormal perception or thought content (sleep: $r=0.17$, $p=0.026$; RBD: $r=0.12$, $p=0.13$).

Conclusions

Findings from this study suggest that MBI is associated with sleep problems, including RBD. Correlation of RBD with specific domains of MBI, affective dysregulation and impulse dyscontrol, suggests RBD and MBI may share common pre-dementia pathology.

P90: The use of soundscapes to reduce Behavioral and Psychological Symptoms of Dementia in People with Dementia: a co-creation study within an ethnographic design in five nursing homes in Flanders, Belgium

Patricia De Vriendt, Tara Vander Mynsbrugge, Francesco Aletta, Dick Botteldooren, Paul Devos, Dominique Van de Velde

Introduction

Soundscapes – defined as an environment of sound (or sonic environment) with emphasis on the way it is perceived and understood by the individual, or by a society - influences positively behavior and Quality of Life (QoL) of humans, as has been suggested by numerous studies. This might also be the case for people with dementia (PwD) and it can be expected that soundscapes probably are useful when dealing with Behavioral and Psychological Symptoms of Dementia (BPSD).

Objectives

The aim of this study was to (1) develop soundscapes and (2) explore the impact on PwD and their BPSD and QoL.

Method

Based on a series of three co-creation sessions with a heterogeneous group of stakeholders (residents without dementia, family, bedside healthcare professionals and managers) ($n=37$) in five nursing homes (NH), a concept of soundscape design was developed and a variety of sounds was collected. Finally the soundscapes were tested in an iterative process of three phases with – in total - 15 residents with dementia. The testing phase itself was based on an ethnographic design employing

24/7 participatory observations (PO) in the five NHs. Data-analysis was characterized by an iterative process and a constant comparison. Peer-debriefing with professional caregivers ensured the credibility.

Results

The influence of soundscapes on the BPSD and QoL of PwD was subject to two dimensions: the choice of the sounds and the timeframe they were displayed. Globally it was observed that sounds of nature were positively impacting behavior of the PwD, while human and technical sounds did not. The sound of a bell was an exception since this worked orientated. Concerning the timeframe, it was observed that the more the soundscape followed a 'normal day', the more positively it impacted the PwD.

Conclusions

The results showed that there was a clear effect of the soundscape being (1) safety enhancing, (2) activating or the opposite (3) relaxing provided that the soundscapes were individualized and adapted to the preferences of the PwD. However, these findings mostly relied on subjective evaluation during the PO, therefore further research is needed on larger scale with more objective measures to evidence the usefulness of soundscapes in PwD.

P91: Unmet needs behaviour of residents with dementia: analysis of unmet needs by multidisciplinary expert team

Ulla Eloniemi-Sulkava, Terhi Pesonen, Raimo Sulkava, Juhani Koskinen, Niina Savikko, Bob Woods

Persons living with dementia often exhibit inappropriate behaviours that are addressed as behavioural and psychological symptoms of dementia (BPSD) or challenging behaviours. These behaviours increase residents' suffering and decline their quality of life. The Unmet Needs Model provides person-centred and holistic treatment approach.

Objective: To analyse potential unmet needs of those residents (1) who exhibited inappropriate behaviours and (2) with whom nursing staff needed solution-focused coaching from multidisciplinary expert team. Residents belonged to the intervention group of randomized controlled trial (RTC) that aimed to support staff to meet residents' holistic needs and improve their quality of life.

Data: There were total of 115 residents with dementia in the intervention group, 80% (n=92) exhibiting BPSD based on NPI-NH scale. Nursing staff needed extra support with 58 residents (63%). Multidisciplinary expert team in collaboration with residents, family members and nursing staff analysed potential unmet needs of 58 residents. Analyses were based on comprehensive information from each resident: diagnosis of disease causing dementia, medical status and medication, follow-up measurements of the study, cognitive capacity and life history, as well as on process analyses during the episode of an inappropriate behaviour.

Results: Of 58 residents, 57 % were female, 84 % had at least moderate stage of dementia and had mean of 6, 03 unmet needs (range 1-15). Percentages of unmet needs' categories were (1) physical well-being (85 %), (2) psychosocial support in nursing interactions (55 %), (3) support with cognitive difficulties (45 %), (4) psychosocial support in relation to life history (30 %) and (5) to personality (30 %), (6) needs relating to social contact and meaningful activities (33%), and (7) support to cope with environment (20 %).

Conclusion: There are various treatment and care opportunities when Unmet Needs Model is disseminated.

P92: A comparison of executive function between elderly people in institutionalisation and day-care or home-care systems.

Marlene Rosa, Daniana Dores, Miguel Pires, Maria João Canaverde, Natália Martins, Joaquim Guardado, Teresa Rodrigues, Janine Henriques, Ana Carvalho

Introduction: Expenditures associated with long-term care are very expressive in Europe and tends to increase because of the population ageing (1). There are different perspectives about the main factors that contribute to long term institutionalisation in elderly (2) (3). Specifically, the cognitive decline associated to frontal lobes (which means, the executive function (EF)), is a point of interest in research about long term care needs. Therefore, studies exploring the most affected dimensions of the EF in institutionalized elderly (4) are recommended.

Aim: To compare the performance in executive functions of elderly people in institutionalised versus day-care or home-care systems.

Methods: An exploratory descriptive study was conducted in four senior residences of Portugal Centre region. Elderly people were included if: (i) they had at least 60 years old and (ii) were not bedridden elderly. The Frontal Assessment Battery (FAB) was implemented, which consists of six subset test items: conceptualisation (EF1 - abstract reasoning), item flexibility (EF2 - verbal fluency), motor programming (EF3 - organisation, maintenance and execution of successive actions), sensitivity to interference (EF4 - conflicting instructions), inhibitory control (EF5 - inhibit inappropriate responses), and environmental autonomy (EF6 - prehension behaviour) (5). T-tests for independent samples were performed to characterise differences in the EF between elderly in day-care and in home-care systems ($p < 0.05$).

Results: Hundred and four elderly (mean age 78.58 ± 10.30 years; 37 males; 34 married) participated in this study. Forty-three elderly were in day-care/home-care systems and sixty-one were inpatients. Non-statistically significant differences were found



Book of Abstracts

19th IPA International Congress

31 August - 3 September 2019 • Santiago de Compostela, Spain

Preliminary Version (Updated 15 August 2019)