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<b>Author(s)</b>	<b>Chan, WC</b>
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Taking considerations from the complex influences of environment stimulation on cognitive reserve, non-pharmacological interventions may play a role to optimise neuroplastic responses and preserve cognitive function. Large-scale epidemiologic studies and clinical trials have demonstrated that physical activities offer positive benefits for cognitive and brain health. Cognitive activities are also considered to be helpful in maintaining better abilities in healthy older adults and in people with mild cognitive impairments (MCI).

In a study of mind body exercise on MCI, completers of Tai Chi intervention showed slower rate of dementia progression at 1 year. In another local study of activity intervention, older adults showed an improved cognitive function with physical exercise, cognitive activity, and social intervention.

Despite an apparently promising scene, there are important areas requiring further exploration. The optimal modality and intensity of intervention, the personal characteristics that fit the intervention, strategies that improve long-term adherence, and the neural mechanisms underlying intervention are targets for further research in this area.

## Preliminary Findings of a Randomised Controlled Trial to Enhance Positive Gains and Reduce Burden by Alzheimer Caregivers

S2.4.2

ST CHENG

*Department of Psychological Studies, Hong Kong Institute of Education, Hong Kong SAR, China*

**Introduction:** Caregivers of relatives with Alzheimer's disease are highly stressed and at risk for physical and psychiatric conditions. Interventions are usually focused on providing caregivers with knowledge of dementia, skills, and / or support, to help them cope with the stress. What is missing in this approach is the lack of attention to the promotion of uplifts and gains from the caregiving experience, such as a sense of purpose and personal growth.

**Methods:** Two randomised controlled trials to enhance benefit-finding in order to reduce caregiver stress were conducted. They were essentially the same except that Trial 1 was a cluster trial (i.e. randomisation based on groups of participants) whereas in Trial 2, randomisation was based on individuals. Participants were randomised into 3 groups — benefit-finding, psychoeducation, and simplified psychoeducation. Participants in each group received a total of approximately 12 hours of training either in group or individually at home. Outcome measures were obtained at pretest, posttest (2 months), and 6, 12, 18 and 30 months. This paper presents the results for selected outcomes (caregiver burden and depression) at posttest.

**Results:** Results showed that the benefit-finding group reported lower burden and depression than the other 2 groups.

**Conclusion:** The emphasis on benefits rather than losses and difficulties provides a new dimension to the way interventions for caregivers can be conceptualised and delivered. By focusing on the positive, caregivers may be empowered to sustain caregiving efforts in the long term despite the day-to-day challenges.

## Pathway to Psychiatric Care for Older Persons in Hong Kong

S2.4.3

WC CHAN

*Department of Psychiatry, The University of Hong Kong, Hong Kong SAR, China*

**Background:** Early intervention effectively improves quality of life, clinical outcomes, and social functioning of older persons with mental disorders. It is therefore important to identify the obstacles that delay their acquisition of psychiatric care.

**Objectives:** This is the first territory-wide study to examine the pathway to care taken by the local older adults with mental health problems, and elucidate the factors that delay or speed up help-seeking behaviours.

**Methods:** A total of 128 participants who presented for the first time to psychiatric service units in 5 clusters of the Hospital Authority during the study period were recruited. Their pathway to care was evaluated using WHO Encounter Form. In addition, they were assessed using Health of the Nation Outcome Scale, Cumulative Illness Rating Scale, and Social Support Rating Scale. Their socio-demographic data and psychiatric diagnosis were also recorded.

**Results:** On average, participants consulted  $1.3 \pm 0.5$  professional carers before reaching specialist psychiatric service. Hospital doctors (44.0%) and general practitioners (29.5%) were the major carers involved. The median duration between onset of symptoms and contact with first carer was 6.0 weeks whereas that between onset and consulting mental health professionals was 44.0 weeks. A number of socio-demographic, clinical, and pathway factors were associated with prolonged delays to mental health services.

**Conclusions:** The present study identified 2 major pathways to mental health care in Hong Kong, and factors influencing duration taken to reach psychiatric services. Understanding these factors assists us to develop a combination of strategies including public awareness programmes and training courses for healthcare professionals that may shorten the delay in receiving psychiatric assessment and care.

## Analysis of Cerebrospinal Fluid Biomarkers in Alzheimer's Disease, Dementia with Lewy bodies and General Paresis of the Insane

S2.4.4

YP NING, XM ZHONG, XN LUO, L HOU, HS SHI, Y TAN, D ZHENG, YF ZHANG, XR CHEN, N MU, JP CHEN, HB HE

*Guangzhou Psychiatric Hospital, China*

**Objective:** The prevalence of dementia keeps increasing along with the extended lifespan of Chinese population. Alzheimer's disease (AD) and dementia with Lewy bodies (DLB) are the 2 most common forms of neurodegenerative dementia. General paresis of the insane (GPI), which was shown to usually present with atrophy of the medial temporal lobe and AD-like cognitive impairment, is increasing in clinical practice. There is frequent overlap, both clinically and pathologically, among AD, DLB, and GPI. A $\beta$  and tau protein as biomarkers of Alzheimer-type (AD-associated) pathological changes in the brain and  $\alpha$ -synuclein as biomarker of synuclein-type pathological change, are important in differentiating subtypes of dementia. Visinin-