

P2-339 **OPTIMAL PALLIATIVE CARE IN DEMENTIA: BARRIERS AND FACILITATORS IN A LOW-RESOURCE SETTING**

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Project Description: Palliative care needs of people with dementia are not widely recognised. Many of them suffer unnecessary pain and undergo needless interventions which do not improve the quality of care. The care is often uncoordinated. Prolonged and progressive decline in functions complicate the matters further. According to the WHO, palliative care is an approach to enhance the quality of life of patients and their families which consists of early identification, assessment and treatment of pain and other problems- physical, psychosocial and spiritual. There are several guidelines which describe the criteria and domains to define optimal palliative care in dementia. Most, if not all of these guidelines are from developed country settings with high resources. Multidisciplinary assessments, anticipatory care, interventions which only improve the quality of life, avoiding unnecessary transfers, advanced planning, shared decision making and adequate pain management are the core features of these guidelines. In this study we attempt to explore how relevant these criteria are in a low resource setting in terms of attitudes, finances as well as trained professionals. We reveal the barriers in providing optimal palliative care but also describe the facilitators when there are good models of practice to follow. The study included medical and nursing staff; trained and untrained carers who work in dementia care homes and health care personnel from palliative care settings. The study consisted of two stages. Semistructured interview of the sixty participants based on existing guidelines was followed by focus groups in the second stage which discussed the themes emerging from the interviews. Qualitative data categorisation was done using a thematic analytic approach. Many do not view dementia as a terminal condition. Close involvement of family in the care of patients is facilitatory in improving the care quality. Multidisciplinary models of working are gaining attention in dementia care. Most participants believe educational and training programmes for qualified and unqualified staff impart skills, change attitudes and also help in exploring their own beliefs and attitudes towards death and terminal illnesses. There are several other findings which may be relevant in high resource settings as well. These findings will be discussed in detail.

P2-340 **THE EFFECTIVENESS OF VALIDATION THERAPY FOR DEMENTIA PATIENTS IN KOREA**

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Project Description: Dementia is a progressive disease that initially presents as relatively mild cognitive or memory dysfunction, such as absent-mindedness. Between the onset of symptoms and acceptance of their disease, dementia patients suffer from a sense of worthlessness; they become withdrawn, and their self-esteem is shattered. Therefore, the development of non-pharmacologic therapies to improve quality of life and reduce the impact of low self-confidence, depression, anxiety, and other comorbidities in individuals with dementia is of great importance. Validation therapy could reduce depression and behavior problem improving quality of life of dementia patients. Purpose: The purpose of this study was to assess the feasibility and effectiveness of a community-based group validation therapy developed to Improve quality of life and emotional outcomes in community-dwelling dementia patients in Korea. A multi-center nonequivalent control group pretest-posttest design was used to measure the effect of the program on the mental and behavioral symptoms of dementia patients. thirty-three individuals participated in a validation therapy program for 10 weeks, attending 10 sessions of approximately 50 minutes each. The effects were evaluated through pre-

and posttest surveys that examined the level of depression, QOLD, NPI-Q, MMSE-KC and BI. Independent t tests and repeated measures analysis of variance were used to examine the effectiveness of the program. A reduction in depression was found among participants. However, no significant changes in emotional state, behavioral problems, and cognitive function were revealed. The validation therapy program was found to reduce symptoms of depression in older adults with dementia. It can therefore be considered as a program that could improve quality of life in this population.

P2-341 **THE SLOVAKIA ASSISTED LIVING STUDY: TWO CROSS-SECTIONAL STUDIES OF PREVALENCE, RECOGNITION, AND TREATMENT OF DEMENTIA AND DEPRESSION IN THE ASSISTED LIVING POPULATION OF SLOVAKIA**

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Background: Dementia and depression are significantly underdiagnosed and undertreated in assisted living settings worldwide. In the Slovak assisted living study carried out in 2004 this assumption was confirmed. In order to improve recognition, diagnostic process and treatment we accomplished educational program that underpinned main levels of dementia handling. In the year 2011 the second cross-sectional study was carried out in order to assess the improvement in the primary diagnostics and therapy of dementia and depression. **Methods:** Comprehensive review of history, cognitive and neuropsychiatric evaluations using standard and widely accepted instruments. An expert panel consisting of neurologists and psychiatrists evaluated diagnoses and appropriateness of the therapy. Ten assisted living facilities in the city of Bratislava and neighboring county were chosen for the study in 2004 and the same facilities in the year 2011. 866 people living in assisted living facilities were examined during the year 2004 and 821 participants in year 2011 in order to review the occurrence of cognitive deficit, depression and other monitored symptoms. Rate and stratification of dementia and depression, characterization of dementia, primary recognition and adequate treatment of dementia were investigated in both cross-sectional studies. Improvement in the primary recognition and adequate therapy was evaluated in second study (2011). **Results:** In the year 2004 57,0% of participants suffered from dementia and 54,9% of participants suffered from depression. Only 7,2% of the participants with probable AD were treated with AchE inhibitors and only 12,7% of patients with depression were treated with antidepressants. In the year 2011 we observed significant improvement in primary diagnostics and therapy. 66,9% of dementias were adequately evaluated and 52,0% adequately treated. Out of the 59,1% of patients who had depression, 47,3% were adequately evaluated and 39,6% adequately treated. **Conclusions:** Dementia and depression are significantly underdiagnosed and undertreated in assisted living settings. In the second cross-sectional study we detected significant but not complete improvement in the primary recognition and adequate therapy of dementia and depression.

P2-342 **CHARACTERISTICS OF SLEEP DISTURBANCES AND SLEEP PATTERNS IN CAREGIVERS OF PATIENTS WITH MILD COGNITIVE IMPAIRMENT AND DEMENTIA**

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Background: We examined the characteristics of sleep disturbances and sleep patterns in caregivers of patients with amnesic mild