**Keywords** Therapeutic drug monitoring; personalized medicine; polypharmacy; pharmacotherapy; medications

## FC13: Risk Assessment and Increasing Safety in Dementia – RAISe- Dementia study

Authors: Juanita Hoe, Sergi Costafreda, Monica Manela, Lucy Webster, Elena Profyri, Frank Arrojo, Helen Souris, Nomi Weberloff, Gianluca Biao, Emily van de Pol, Lori Bourke, Gill Livingston

**Objectives:** UK policy priority is to support people with dementia (PLwD) to live at home for longer. Initial clinical assessment involves evaluating and managing risk to enable PLwD to live safely and well at home. Risk assessment scales are needed to identify, manage and reduce risk within contemporary dementia practice. The "Islington Dementia Navigator Risk Assessment Tool" (IDNRAT) is used by specialist and non-specialist staff to stratify the level of risk for PLwD and inform a risk management plan and the frequency of follow-up. We assessed whether IDNRAT enables risk detection and whether the risk intervention derived from it is implemented and improves the safety of people living at home with dementia.

**Methods:** A mixed Methods study to evaluate IDNRAT's validity, and the feasibility and acceptability of the resulting risk management plan. We investigated the use of the IDNRAT to: (i) detect risk (concurrent validity) and measure the reliability of the tool; (ii) contribute to risk reduction (primary outcome was numbers of decisions implemented); (iii) explore patients' and carers' experience of risk stratification.

**Results:** We found risk stratification scores (n = 119) derived from IDNRAT and compared with gold standard clinical risk assessments showed concordance between clinicians' ratings. Joint Dementia navigator and researcher interviews (n = 19) showed consistency between the different assessor scores demonstrating IDNRAT has good reliability. Care-plan data showed most participants (n = 275) scored in the low-risk band of IDNRAT (78.9%) at baseline assessment and risk severity ratings (red/amber/green) reduced over the 6–12-month time period. PLwD (n = 19) and family carers (n = 17) had differing perceptions about risk and the PLwD's susceptibility to risk. Overall, participants found the risk assessment acceptable, were able to identify risks and felt included in decision-making processes.

**Conclusions:** We found that the IDNRAT used by non-specialist practitioners (dementia navigators) does enable people with dementia to live safely at home in terms of risk- identification, implemented risk enablement decisions and acceptability. IDNRAT is a valid risk assessment tool, which offers a tailored approach to the management of risk, and over 80% of care-plan decisions were implemented. This is consistent with best practice and the tool has potential for wider use.

## FC14: Management of Dementia: Comparison of 11 Asian Countries (Wave 1 ~ Wave 3)

Author: Guk-Hee Suh, MD, PhD

Background: Dementia is rapidly increasing in Asia.

**Aim:** There has been an Asian forum to ascertain country-specific patterns of management of dementia and to investigate country-specific characteristics.

**Methods:** In 2009, 11 dementia experts on Alzheimer's from Korea, Japan, mainland China, Hong Kong China, Taiwan, Singapore, Philippines, Malaysia, Indonesia, Thailand, and India were invited to participate in the survey. The 33-item questionnaire were answered; awareness of dementia, characteristics of patients with memory