

relocations or changing healthcare demand for individual relocations. Participants distinguished various levels of impact on residents on different moments in time (before, during and after the relocation). The impact varied from very positive (e.g. looking forward and excited) to very negative (e.g. stressful, traumatic, hard to understand). Aspects that influenced the impact of relocation were related to 1) the mental resilience of residents, 2) how relocations were organized, 3) the presence and quality of social connections of residents and 4) if benefits of the new (care) environment were experienced. The focus group added insights on the importance of clear and timely communication with residents and recognizability of (personal) items and personnel from the former nursing home to reduce negative experiences of residents relocating within nursing homes.

**Conclusions:** The impact of relocations within nursing homes differs per situation, moment in time and resident. Aspects found that influence the impact provide targets to reduce the negative impact on residents: practices should focus on good preparation, clear communication, preserving social connections of residents where possible and paying attention to the benefits of the new (care) environment for the residents. Further research may focus on the lived experiences and perceived impact of relocations within nursing homes of residents themselves to develop in depth insights into tailored (care) needs of residents during the relocation process.

## P155: Circadian Rhythms and Alzheimer's Disease

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**Introduction:** Major neurocognitive disorder (or simply Dementia) is one of the main causes of disability and burden disease to caregivers and the health system, and a frequent cause of mortality worldwide. Alzheimer's disease (AD) is the most common type (60-70%).

AD is a progressive neurodegenerative disorder characterized by amyloid- $\beta$  ( $A\beta$ ) deposition, causing neuronal and synaptic loss with subsequent cognitive dysfunction.

There is cumulating evidence that sleep disturbances are associated with several pathological conditions, and AD is one of these. The prevalence and severity of sleep disorders is significant in AD patients, with sleep disturbances often precede its clinical diagnosis in many years. Some studies focus on possible mechanisms by which (abnormal) sleep participate in AD pathogenesis, and concluded individuals with sleep disturbances are at higher risk of developing dementia.

**Objectives:** To highlight the current evidence on whether sleep disorders could precipitate or accelerate the clinical course of AD.

**Methods:** Non-systematic review about sleep abnormalities and AD pathogenesis.

**Results:** Several authors described a two-way relationship between sleep and amyloid pathology - sleep deprivation would lead to increased production and decreased clearance of  $A\beta$ ; once  $A\beta$  is accumulated it results in more disrupted sleep, with an increase of  $A\beta$  production during wakefulness and a decrease of its clearance during sleep.

Recent data showed that sleep continuity and architecture (decreased total sleep time, slow-wave sleep, and REM sleep) are disturbed in AD patients.

Otherwise, sleep deprivation may be associated with decreased glymphatic system clearance, leading to accumulation of neurotoxic proteins, particularly A $\beta$  (and tau). It's also associated with proinflammatory states due to accumulation of reactive oxygen species, nucleotides and proteins during wakefulness, which leads to immune response that causes neuronal dysfunction and cellular death. Insomnia and sleep deprivation were also associated with activation of complement pathway and immunoglobulins secretion. Many studies suggest chronic sleep disruption changes blood–brain barrier structure and function leading to A $\beta$  accumulation.

**Conclusions:** There is emerging evidence that points sleep disturbances as both a potential marker for AD pathology and risk predictor of developing the disease. Future investigations should evaluate the relationship between specific sleep disorders and AD physiopathology.

## **P163: Closing the gap: Funded psychology in residential aged care in Australia.**

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**Objective:** Historically, older adults in residential aged care facilities (RACF) in Australia had no access to government funded psychology services despite high rates of anxiety and depression. Change Futures is a registered charity that provides funded psychology to more than 220 RACFs in south-east Queensland and northern New South Wales, Australia, and since 2015 has been providing free psychology services to older adults living in aged care, using a predominately provisional psychologist workforce. This presentation will discuss the model of service that is provided, and the findings of a recent outcomes report.

**Method:** Data was collected via clinician entered eHealth records in the 2021/2022 financial year from 01/07/2021 to 30/06/2022. Outcome measures were analysed using six repeated measure t-tests to compare clinical change from first and last assessments.

**Results:** A total of 2865 residents were seen in 17,754 individual sessions and 298 group sessions. Staff education was provided in 94 sessions with 838 participants, who worked in RACFs. The most common presenting issue was difficulties with adjustment (70%), comorbid anxiety and depression (28%), depression (27%), loneliness (18%), and anxiety (17%). Outcomes of the psychology program showed statistically significant improvements on all measures, including the Kessler 5 psychological distress scale, Geriatric anxiety scale, Patient health Questionnaire-9, De Jong Gierveld Loneliness Scale, and Brief Adjustment Scale.

**Conclusion:** The described service model resulted in significant improvements to the psychological wellbeing of older adults, and represents an effective and sustainable training approach for provisional psychologists.