

in this gene are also associated with schizophrenia and BD. An hypothetical model of shared mechanisms between bvFTD and BD was proposed, including specific mendelian mutations associated with genetic predisposition (e.g. brain-derived neurotrophic factor-BDNF gene) and environmental factors with an effect on cellular homeostasis (e.g. increased cell deaths, decreased synthesis of synaptic proteins) and an influence over behavioural and cognitive symptoms. Nevertheless, comparison of the executive functions, social cognition profiles and structural neuroimaging of bvFTD and elderly patients with BD showed difference in patterns.

**Discussion:** Although BD is principally considered a neurodevelopment disorder, while FTD is a neurodegenerative disorder, follow-up studies of cognitive deficits, imaging, and genetics in BD patients could elucidate the possible correlation between these major diseases and may have implications for pathogenesis, as well as for treatment.

### **435 - Innovation and entrepreneurship in gerontology and psychogerontology. The INVENTHEI project.**

Prof. David Facal, Raquel Rodriguez Gonzalez, Cristina Lojo-Seoane, Manuel Gandoy-Crego

INVENTHEI (INnoVation and ENTrepreneurship in Higher Education Institutions) is an European project aimed to enhance the regional innovation ecosystems and promote innovation-driven research. In Spain, the University of Santiago de Compostela participates through the Master's Degree in Psychogerontology (Faculty of Psychology) and the Master's Degree in Gerontology (Faculty of Nursing). Learning and mentoring programme related with the ageing process is presented, focused on the social innovation and transfer capacities of our students, faculty and staff members. A challenged based multidisciplinary learning method is followed, including three training sessions (Session 1: Person-centred innovation; Session 2: Team-centred innovation; Session 3: Results-centred innovation) and online mentoring. Using this methodology, transfer of the learning is promoted in an agile and practical way through the resolution of challenges proposed by external partners in the sector of gerontology and healthcare. The social innovation-training programme is complemented with a workshop about innovation driven research in aging and presentation of business cases, involving the organizational ecosystem of the sector.

### **436 - Scaling up a community-based intervention for people affected by dementia: what is the value?**

Nathan Stephens

The Meeting Centres Support Programme [MCSP] provides community-based social, emotional and practical support for people affected by dementia to adjust to the changes dementia brings. Since development in the Netherlands the MCSP has been successfully adapted and implemented in the UK led by the Association for Dementia Studies, University of Worcester. In January (2020), Worcestershire County Council announced £540,000 to scale up the provision of MCSPs across the county: Worcestershire Meeting Centres Community Support Programme [WMCCSP].

The novel county-wide approach will build real capacity, increasing the amount of people accessing post-diagnostic support, integrating services, reducing inequalities, and improving health and wellbeing; fundamental to the COVID-19 recovery plan (Department of Health and Social Care, 2020). This raises questions about the type of 'value' interventions such as the WCCMCSP should seek to achieve, including how it is captured and measured (Redding, 2016). This becomes more relevant when recognising only a

portion of outcomes will be related to health, but much of it is likely to support individual and community wellbeing and development. In this context, understanding and measuring the 'value' is timely.

A Concept Analysis (Rogers, 2000) of value in the context of community-based interventions for people affected by dementia informed a robust and systematic definition to assess the value created and/or destroyed by the WMCCSP. The research will develop definitions of value in this area from the perspective of key stakeholders including people affected by dementia.

Social Return on Investment principles will be employed to understand outcomes created and/or destroyed by the WMCCSP for stakeholders and measure them within an endogenous framework that encapsulates what is, per say, valuable. Progress on the process, challenges, and breakthroughs of this innovative and developmental approach will be presented at the conference.

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### **437 - The elderly and their sexuality: specific challenges and the role of the psychiatrist**

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#### **Abstract**

The model of sexuality currently in force is a young, genitalized model, that does not tolerate failures and often forgets about affective communication, sharing and body contact. This model is also not compatible with the natural aging process, generating many myths about sexuality in later life.

Although a taboo subject, the majority (up to 70%) of healthy 70-year-olds revealed themselves to be sexually active even with some sexual dysfunction reports. Low sexual desire (up to 43%) was the most prevalent reported sexual difficulty in women, and erectile difficulties (up to 37%) were most prevalent among men.

Aging impacts sexuality in various ways: age-related organic/metabolic changes in men and women; age-related affective and cognitive changes also in both genders; age- and duration-related changes in a couple's dynamic interaction, which can lead to discrepancy between the partners and their sexual narratives.