

**Conclusions:** The significant findings of our study underscore that in YOAD, despite more pronounced global impairment compared to LOAD, social cognition remains stable. This finding is crucial for understanding the patterns of social cognition in YOAD and may potentially guide future interventions and care strategies.

**Keywords:** Social Cognition, Alzheimer's disease, Yong onset AD, Late-onset AD, Functionality

**P44: Buddhist temples are promising social resources in secular community-based integrated care (1): Interviews with Buddhist priests who work as health care professionals.**

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**Objectives:** Experience of people with dementia falls between attempts to maintain a sense of self and normality and struggle with acceptance in order to integrate the changes within the self (Clare). The need for interventions, including spiritual care, targeting fear and loss of self is reported (Palmer). In Japan, Buddhist temples which hold peer-support café for the caregivers of the people with dementia are emerging, as those needs are not fully covered by the health care system (Okamura). For the better future psychogeriatrics-Buddhist temple collaboration, this study explores the views of the Buddhist priests who work in the secular health care system.

**Methods:** Consecutive in-depth interviews were conducted with health care professionals such as medical doctors, psychologists, care workers, etc. who work in the secular health care system, and who are at the same time qualified as Buddhist priests. Verbatim transcripts were analyzed using a qualitative descriptive approach. Ethical considerations: The study was approved by the Taisho University ethics committee.

**Results:** Twenty-four subjects were interviewed. Some medical doctors expressed struggles as Buddhist priests concerning not being able to provide person-centered care in the medical setting, especially in intensive care units in early career training, due to the busyness. However, now that they are specialists, they are able to provide person-centered care. According to care workers, the effects of Buddhist priests in the residential care were; protecting burnout of the care staff; decreasing anxiety of the residents; increasing trust from the family; and making the inclusive care environment. All of them talked that the lack of practical knowledge teaching on aging, dementia, and death in the monk training program is a problem, but that there may be considerable resistance to changing a curriculum with a long history.

**Conclusions:** Discourses of the professionals of both territories, i.e., scientific care and spiritual care, are worth investigating for the future reform of the education of both territories.

**Keywords:** Integrated care, Interdisciplinarity, Psychiatry, Buddhism