P93: Characteristics of complex, non-pharmacological cognitive stimulation interventions for people with dementia in nursing homes: systematic review

Authors: Julie Guicheteau[1], Ümran Sema Seven[2], Jana Boes[1], Ina Monsef[3], Sascha Köpke[1], Ann-Kristin Folkerts[2], Justina Doffiné[2], Elke Kalbe[2], Martin N. Dichter[1]

[1] Institute of Nursing Science, University of Cologne, Faculty of Medicine and University Hospital Cologne, Cologne, Germany

[2] Department of Medical Psychology | Neuropsychology, Gender Studies and Centre for Neuropsychological Diagnostics and Intervention (CeNDI), Faculty of Medicine and University Hospital Cologne, University of Cologne, Germany

[3] Evidence-based Medicine, Department I of Internal Medicine, Centre for Integrated Oncology Aachen Bonn Cologne Dusseldorf, Faculty of Medicine and University Hospital Cologne, University of Cologne, Germany

Objective: Several guidelines propose the use of cognitive stimulation (CS) in people with dementia. Multi-component CS interventions seem most effective in improving cognitive function, quality of life, and behavioral and psychological symptoms of dementia. For successful implementation, it is important to analyze CS interventions in detail in order to identify frequently used and potentially effective components. The aim of this systematic review is to identify, describe and summarise multicomponent CS interventions conducted in nursing homes aiming to improve cognitive function, quality of life, mood, and behavior of people with dementia in nursing homes.

Methods: This review is based on established methodological frameworks for systematic evidence syntheses. We conducted a database search in February 2021, using PubMed, CENTRAL, PsycINFO, ALOIS and CINAHL. Two independent reviewers assessed all search results for eligible studies and assessed studies' methodological quality using the Cochrane Risk of Bias tool for RCTs and the Joanna Briggs Institute checklist for quasi-experimental studies. Evaluation and intervention development studies of any design examining multicomponent interventions CS were included. Components of included intervention programs were analyzed using the TIDieR and CReDECI 2 criteria following a narrative analysis.

Results: We identified 19,992 references and included 45 publications. We observed large heterogeneity regarding intervention components, delivery, materials, mode of delivery, intervention provider, and intervention duration. Intervention components included for example reminiscence therapy, activities of daily living, cognitive exercises or reality orientation. Risk of bias was generally low. Reporting of complex interventions was frequently insufficient. No study reported patient and public involvement (PPI) at any stage of the research process.

Conclusion: This systematic review is the first to describe complex CS interventions conducted in nursing homes in detail. Results indicate the need for more detailed intervention description for future studies based on TIDieR and CReDECI2 guidelines to allow reliable replication of these interventions. Despite enormous research activities, many questions regarding the implementation and efficacy are still unanswered as process evaluations are lacking. In addition, reproducibility of interventions is hardly possible due to limited reporting. Future studies should use established frameworks for the development, evaluation and implementation of complex interventions and apply PPI concepts.

P99: Mental Health wellbeing among older adults in nursing homes

Authors: Beji Sedlackova Katerina; Holmerova Iva; Bartova Alzbeta

Backround: Loneliness is a subjective phenomenon. It is experienced a lack of satisfying relationship to others, whether because the subject has too few relationships or because their existing relationships do not provide the desired form of closeness (Svenderson, 2017). As defined by Peplou and Perlman (1982), the definitions of

loneliness share the same concept: an unpleasant, subjective experience resulting from inadequate social relationships. Loneliness and rumination are remarkable risk factors of depression among the elderly in the both community and nursing homes (Gan at al.,2015). A Norwegian study found that 56% of nursing home residents are feeling lonely (Dragaset et al.,2011). The study from Poland found that depression was observed in 33.8% long term care facility (Horwath, Scerbinska,2017). Furthermore, another study from China shown that 14.9% residents in long term facility reported suicidal ideation (Zhang at al.,2020). Associated with one being depressed in nursing homes include pain, risk of stroke, risk of heart attack, decreased cognitive function and is also linked to increased morbidity in nursing home residents, a relationship it has been also suggested for medical inpatients (Zammit, Fiorini, 2015).

Methodology: The scoping review has been selected as the appropriate methodology for this study. The general purpose for conducting scoping reviews is to identify and map the available evidence (Arskley,O'Malley, 2005). Scoping reviews can be useful tools to investigate the design and conduct of research on a particular topic and conducted to review current research an identify knowledge gaps on the topic (Munn at al.,2018). According to Arksey and O'Malley (2005) the scoping review methodology is divided into six steps framework: identifying the research question, searching for relevant studies, selecting studies, charting the data, collecting the data, summarizing and reporting results and consulting with stakeholders to inform or validate study findings.

Results: A total of 27 studies were included in the final synthesis, mixed designed studies (n=7) including questionnaires, surveys, Geriatric depression Scales, Satisfaction with life Scale, Loneliness Scale, face to face interviews and observations. Furthermore, were included quantitative studies (n=10) included one longitudinal study with 6 years follow up. Finally, were also included qualitative studies (n=10), the studies used a mixture of approach of interviews an observation. The majority of the participants were from long-term facilities (n=24), medical students and nurses were included (n=1) study and mixture of participants such as residents, family members and staff were included in (n=1) study. The most of the studies are from Norway (n=7), China (n=3), Finland (n=2), Turkey (n=2), Poland (n=2), US (n=2), Belgium (n=1), Sri Lanka (n=1), South Korea and Japan (n=1), Hong Kong (n=1), Malta (n=1), Taiwan (n=1), Iran (n=1), New Zealand (n=1) and Sweden (n=1). In Table 1, we provide a summary of the individual studies.

Discussion: This scoping review highlights the importance to continue support residents' well-being in the long-term care facilities, support their mental health and also to continue educate and support healthcare staff as they have the major impact on resident's welfare. Previous studies indicated the correlation between loneliness and depression with demographics factors such as being married, unmarried or widowed for that reason it was recommended by Mahammadi et al. (2016) pay more attention on reducing feeling of loneliness and anxiety by increasing their life satisfaction. We found that only one study was focused on resident's suicidal ideation (Zhang et al., 2020) who concluded from his cross-sectional study with 538 participants, age above 60 years old, from 37 nursing homes in China that 14.9% reported current suicidal ideation but we are worried that this number could be higher and we believe that needs to be done more research for the future to prevent any risk of suicide among elderly. One reason for the lack of information on suicide risk in long term facilities is that prior 2010, universal screening for suicidal ideation in these facilities had not been widely adopted nor recommended as an approach to prevent suicide (Mezuk et al.,2014).

P104: Heterogeneity of Response to methylphenidate in apathetic patients in the ADMET 2 Trial

Authors: Lanctôt KL, Rivet L, Tumati S, Perin J, Vieira D, Rosenberg PB, Herrmann N, Lerner AJ, Padala PR, Brawman-Mintzer O, van Dyck CH, Porsteinsson A, Craft S, Levey A, Mintzer JE