

FC27: Caring for people living with dementia in their own homes: A qualitative study exploring the role and experiences of registered nurses within a district nursing service in the UK

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Objectives: In the UK, district nursing services (DNS) deliver care to people in their own homes and have regular contact with people living with dementia. Research conducted with nurses working in similar roles outside the UK suggests their contribution to high quality dementia care is limited by compassion fatigue, lack of dementia training and low levels of confidence. However, there is a paucity of research exploring the role and learning and support needs of nurses within DNS. The aim was to gain insight into the role and experiences of nurses caring for people living with dementia at home.

Methods: The study was informed by a descriptive phenomenological approach. Semi-structured interviews were conducted with a purposive sample of ten nurses working in DNS. Data were analysed using a thematic approach.

Results: Participants described having considerable contact with people with dementia and managing increasingly complex situations despite little training in this field. Care was provided across the illness trajectory from detection and diagnosis of dementia through to end-of-life and the involvement of DNS was instrumental across all stages. Five main themes were identified: 'Home as a care setting' reflected how delivering home-based care shaped participants experiences of caring for people with dementia; 'Taking it in their stride' revealed how participants adapted and responded to the complexity of care needs for people with dementia; 'Complexity and unpredictability' related to the unpredictable nature of people with dementia's care needs and the impact this had on participants' workloads; 'Expertise and support within the wider team' detailed which networks nurses used for advice and support to manage the complex needs of people living with dementia at home; 'Specialist support' identified the need for structural changes and resources to enable the nurses to deliver the care needed.

Conclusions: This study enables better understanding of the role of DNS in supporting people with dementia to live at home. This is important for defining how dementia care can become effectively integrated into primary care. Recommendations include improved models of care, which factor in specialist nurses, additional time for home visits and greater emphasis on education and training.

FC28: Medical Assistance in Dying and assessment of decisional capacity in dementia: the Dutch Perspective!

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Background: The Netherlands allows Medical Assistance in Dying (MAID) based on a diagnosis of dementia under strict legal conditions. The number of dementia MAID cases gradually increase every year up to 288 cases in 2022; 282 were decisionally competent and 6 were decisionally incompetent. In decisionally incompetent patients MAID has been granted based on a written advance directive. To assess decisional competence the Dutch euthanasia review committees, refer to criteria of Appelbaum and Grisso.

Objectives: To examine which factors, and how, influence the judgment of decisional competence for MAID requests of patients with dementia.

Methods: A qualitative analysis was performed of 60 dementia MAID case summaries as published online by the Dutch euthanasia review committees between 2012 and 2021: 20 cases had an advance directive and were decisionally compromised at time of MAID, 40 patients were decisionally competent at time of MAID, of which 20 also had an advance directive (purposive sampling). Two researchers independently coded all text related to decisional competence (thematic analysis). A theoretical framework about the assessment of decisional competence was developed.

Results: The four cognitive criteria of Appelbaum and Grisso were dimensional, and cut-off points were influenced by six factors that also directly impacted on competence assessment, i.e. level of communication, psychiatric comorbidity, personality, presence of an advance directive, consistency of the request, and the patient-physician relationship.

Conclusions: The framework illustrates the complex multidimensional nature of assessment of decisional competence in dementia patients requesting MAID. Subjectivity of the final judgement poses ethical and legal issues and argues for continuous quality improvement processes.

FC29: Assessing physical activity's impact on dementia occurrence among older adults in Brazil: Evidence from the ELSI-Brazil Study

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Objectives: The primary aim of this study is to assess the relationship between different aspects of physical activity (PA) and dementia occurrence in older adults from Brazil.

Methods: It is a secondary analysis of the first wave data derived from the ELSI-Brazil study, a longitudinal study of aging in Brazil with a representative sample of Brazilians aged 50 years and older ($n = 9,412$). We employed two distinct approaches to assess PA. First, participants' levels of PA were classified in low, moderate and high based on their reported physical exertion over the preceding seven days at the time of interview. Also, PA was classified as sufficient or not sufficient, according to the World Health Organization (WHO) recommendation. Dementia was defined as those who were 60 years and older, had a cognitive performance ≤ 1.5 z-score compared to a sub-sample defined as control-group, and also had an impairment in instrumental activity of daily living. Logistic regression was used to estimate the association between physical activity and dementia (crude and adjusted for age, gender, schooling, marital status, smoking and alcoholconsumption).

Results: After excluding those younger than 60 years old and had missing data to any of the variables analyzed, our sample was composed by 4,994 individuals (table 1), with a mean age of 69.7 (SD = 7.5), 4.7 years of schooling (SD = 4.3) and 214 (4.1%) classified as living with dementia. We also found that higher levels of PA were associated with lower occurrences of dementia (table 2) (moderate OR 0.57 95% CI 0.37 – 0.90, $p < 0.05$; high OR 0.32 95% CI 0.19 – 0.56, $p < 0.001$). Also, practicing the level of PA recommended by WHO had an inverse association with dementia (table 3) (OR 0.49 95% CI 0.30 – 0.79, $p < 0.05$).

Conclusions: The main limitation of our study is its cross-sectional nature. Therefore, we cannot determine the direction of relationships between variables. Our findings show a significant inverse association between levels of PA and dementia occurrence. Additionally, adherence to the WHO's recommendation for PA also showed a