

P58: Interventions to Reduce Ageism. Systematic Review

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Objective: The purpose of this article is to review all the interventions that researchers have used to reduce ageist attitudes in the population.

Methods: We performed a literature search using PubMed database including the following MeSH terms: ("Ageism"[Mesh] OR "ageism"[tiab] OR "Age discrimination"[tiab]) AND (intervention* [tiab] OR therapy * [tiab] OR training* [tiab] OR prevention* [tiab]). 257 studies were found and only 18 were selected based on their language (only Spanish and English ones were included) and according our inclusion criteria.

Result: To date, most widely strategies used in previous studies included: Intergenerational contact, education or both. Other techniques such as performing arts (theater and cinema), museums exhibitions and the simulation of activities for the elderly have been also studied with successful results. Likewise, two of the articles mentioned mindfulness and cognitive behavioral therapy as a preventive ageism strategy have not been demonstrated yet.

Conclusion: Different interventions have been tried to reduce ageist attitudes. The greatest benefits have been seen with the combination of intergenerational contact and population education. Ageism is an important problem that concerns today's society; further studies focused on strategies to reduce ageist attitudes in the general population are needed.

P62: Agitation in Alzheimer's Disease (AAD): A Decision Tree for Healthcare Providers

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- The prevalence of agitation in Alzheimer's Disease (AAD) approaches 80%. Patients with AAD have more severe behavioral, depressive, and frontal lobe symptoms and are at increased risk for hospitalization and nursing home placement.
- Early agitation is a robust predictor of accelerated progression and mortality and is distressing and dangerous for patients and care partners.
- This presentation was recently developed by the Gerontologic Society of America (GSA) which convened an expert AD Working Group to develop a "Decision Tree" for healthcare providers relative to the assessment of AAD and the employment of Non-Pharmacologic and Pharmacologic treatment options