dynamics shaping geriatric abuse its essential for effective intervention and prevention strategies, traditional values emphasizing familial duty and respect for elders coexist with modern challenges such as urbanization, migration, and changing family structures impacting elder care and support networks furthermore, inadequate legal protections, limited access to healthcare, and stigma surrounding aging compound the challenges faced by older adults experiencing abuse. Addressing geriatric abuse in India requires a comprehensive approach encompassing legislative reforms community mobilization and capacity building initiatives strengthening reforms legal frame works to protect elder rights tailored to the needs of older adults and promoting awareness campaigns to challenge ageism and stigma are critical steps to creating a society where older adults age with dignity and safety.

Methods: We used interview and survey Methods to derive a representative sample (based on race gender education) in order to measure elder abuse in west Rajasthan (India) based population. Participants undergone interviewed via in OPD, IPD by taken case history, about a variety of abuse/mistreatment types and mistreatment risk factors in addition to question regarding health, social support and demographic. Specific elder abuse categories included emotional, physical, sexual, financial and neglect.

Results: Results of this study will be discussed during my presentation at the conference.

Conclusions: In consistent, geriatric abuse in India represents a profound violation of human rights and a moral imperative for action by acknowledging the complexities of this issue and fostering collaboration among stake holders, India can strive towards a future where older adults are respected, empowered and free from abuse and neglect.

FC56: Positive and negative social connections and brain health in the UK Biobank data

Authors: Suraj Samtani, Gowsaly Mahalingam, Wei Wen, Prof Henry Brodaty, Prof Perminder S. Sachdev

Centre for Healthy Brain Ageing (CHeBA), Discipline of Psychiatry and Mental Health, Faculty of Medicine and Health, UNSW Sydney

Background: Social connections are important for brain health. We explored the associations between positive and negative social connections and the rate of decline in brain health with ageing.

Methods: We analysed UK Biobank data from 5704 adults aged 40+ (Wave 1 M_{age} = 54.12, 51.19% female) with brain scans at waves 2 and 3. Predictor variables were positive (current household size, visits to friends/family, community engagement, having a confidante) and negative (loneliness, violence in romantic relationships, or belittling in romantic relationships) social connections at baseline. Outcome variables were brain volumes (total grey & white matter, hippocampus, amygdala) and white matter health (DDF- white matter integrity, white matter hyperintensities, PSMD- a marker of microstructural white matter changes) at waves 2 and 3. We ran linear mixed models controlling for age, sex, intracranial volumes (for brain volume analyses), physical activity, depression, alcohol use, smoking, education, pollution, hearing loss, BMI and hypertension.

Results: Having a greater household size was associated with a slower rate of decline in volumes of total white matter (3160.08, 95% CI: 418.75, 5888.47), right amygdala (43.18, 95% CI: 14.70, 71.02), left hippocampus (62.96, 95% CI: 18.20, 108.04), and right hippocampus (61.02, 95% CI: 15.39, 108.36), and white matter integrity/DDF (0.0014, 95% CI: 0.00047, 0.0022). Loneliness was associated with a slower rate of decline in the left amygdala (81.48, 95% CI: 19.59, 145.91).

Conclusions: In a large UK based sample, we found that living with more people was associated with slower decline in white matter volumes and integrity, and hippocampal volumes. Living with others may promote brain reserve and memory function. Loneliness was associated with slower decline in the left amygdala volume, which is associated with processing of aversive and fearful stimuli. This echoes previous findings indicating that people with depression and anxiety may experience less shrinkage in the amygdala. Our results highlight the importance of encouraging people to live with others, such as in intergenerational households. We also need to address loneliness at a population level to promote healthy brain ageing.

FC57: Implementation and feasibility testing of a co-designed palliative dementia intervention: Empowering Better End of life Dementia Care Framework (EMBED-Care Framework)

Authors: Clare Ellis-Smith, Juliet Gillam, Jesutofunmi Aworinde, Ayesha Dar, Ankita Bhojwani, Kristiam Herrera Carrasco, Annabel Farnood, Sarah Crabtree, Nathan Davies, Catherine Henderson, Janet Anderson, Charlotte Kenten, Elizabeth Sampson, Richard Harding, Catherine Evans

Objectives: People with dementia live with unmet needs due to dementia and other conditions. The EMBED-Care Framework is a co-designed app-delivered intervention involving holistic assessment, evidence-based decision-support tools and resources to support its use. Its intention is to empower people with dementia, family and practitioners to assess, monitor and manage needs. We aimed to explore the feasibility and acceptability of the EMBED-Care Framework and develop its underpinning programme theory.

Methods: A six-month single arm mixed-Methods feasibility and process evaluation, underpinned by an initial programme theory which was iteratively developed from previous studies. The settings were two community teams and two long term care facilities (LTCFs). People with dementia and family were recruited to receive the intervention for 12 weeks. Practitioners were recruited to deliver the intervention for six months. Quantitative data included candidate process and outcome measures. Qualitative data comprised interviews, focus groups and observations with people with dementia, family and practitioners. Qualitative and quantitative data were analysed separately and triangulated at the interpretation phase.

Results: Twenty-six people with dementia, 25 family members and 40 practitioners were recruited. Practitioners in both settings recognized the potential benefit for improving care and outcomes for people with dementia, and to themselves in supporting care provision. Family in both settings perceived a role in informing assessment and decisions about care. Family was integral to the intervention in community teams but had limited involvement in LTCFs. In both settings, embedding the intervention into routine care processes was essential to support its use. In community teams, this required aligning app functionality with care processes, establishing processes to monitor alerts, and clarifying team responsibilities. In LTCFs, duplication of care processes and limited time to integrate the intervention into routine care processes, affected its acceptability.

Conclusions: A theoretically informed co-designed digital intervention has potential to improve care processes and outcomes for people with dementia and family, and is acceptable to practitioners in community teams. Further work is required to strengthen the intervention in LTCFs to support integration into care processes and support family involvement. The programme theory detailing key mechanisms and likely outcomes of the EMBED-Care Framework is presented.