

Objective: Although sexual violence (SV) is increasingly recognized as a major public health problem, older people are ignored in policies and practices on SV. Research on prevalence and impact of SV in older adults is limited and Belgian figures on the subject are non-existent. This mixed-methods study aimed to better understand the nature, magnitude and mental health impact of SV in older adults in Belgium.

Methods: We conducted face-to-face interviews through structured questionnaires with 513 older adults (70+) across Belgium and 100 old age psychiatry patients. Quantitative data were triangulated with qualitative data from 15 in-depth interviews with older SV victims.

Results: Over 44% of Belgian older adults and 57% of old age psychiatry patients experienced SV during their lifetime, 8% and 7% respectively in the past 12-months. Lifetime exposure to SV was associated with depression ($p=0.001$), anxiety ($p=0.001$) and PTSD in older adults with chronic disease/disability ($p=0.002$) or lower education level ($p<0.001$). A minority of victims (40%) disclosed their experiences to their informal network and 4% sought professional help. Older victims are willing to share their experiences, but ask health care workers to initiate the conversation.

Conclusions: This study highlights the importance of recognizing older adults as a risk group for SV and the need for tailored care for older victims. Health care professionals working with older adults need to be qualitatively trained to initiate a conversation around SV and its mental health impact in old age through training, screening tools and care procedures.

P18: Frailty and Long -COVID in a elderly population living with dementia:a observational study in a cohort of people with dementia in charge of Memory Clinic in Modena

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Background: A significant number of patients with COVID-19 experience prolonged symptoms well known as Long-COVID that can occur between 3 to 24 weeks after acute phase. Most frequent symptoms expressed are fatigue, and cognitive dysfunction, but few studies have investigated the effect in outpatients 'elderly population. A recent Study followed hospitalized seniors for COVID-19; 22% complain "Brain Fog" one year later correlated with cognitive impairment. It is a challenge to recognize symptoms as "Brain Fog" or fatigue in a frail population affected by dementia (pwd) that yet experience cognitive impairment and disability. This observational study wants to evaluate the effect of COVID on clinical, cognitive, functional and frailty indices before infection and after in a sample of older pwd matching with control group in outpatients setting.

Methods: We collected 67 pwd and COVID infection between March 2020 and 2022 followed by Memory Clinic with pre and post geriatric assessment compared with 41 older people with dementia in control group without COVID-19. The geriatric assessment describes comorbidity (CIRS), cognitive performance (MMSE), functional assessment (IADL, ADL), psychological and behavioral symptoms (NPI) and frailty evaluation (CFS) at baseline T0 (within 6 months before COVID infections), at T1 (4-6 months after) and T2 (12 months after). Death is recorded for both groups

Results: Both groups are similar for demographic and clinical characteristics at the baseline. We calculated Delta value T0-T1 and T1-T2 for clinical variables and compared case and control group. As compared to control group, COVID group showed significantly worsening in comorbidity in T1 and in disability (ADL) in T1 and T2, meanwhile challenging behavior improve during the time. Both in T1 and T2 COVID group develops in worst frailty compared to control group. None difference in mortality between groups. A possible information bias is that it is not possible to exclude presence of asymptomatic covid case in control group.

Conclusion: COVID infection in older pwd seems to chance and speed up the natural frailty curve in people with dementia. Is it an effect of a hidden Long COVID? The study open new hypothesis in neurodegenerative implication of prolonged neuroinflammation caused by COVID brain infection.

P24: Dementitude® - Applying the Model of "LAN" to Understand the Experience of People with Dementia

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Understanding the self-perception of people with dementia and their interaction with the surrounding others is highly vital to exploring the unmet needs of people with dementia. In preserving the personhood through the person-centred care approach, the synchronization with the experience of the person with dementia and listening to his/her voice of interpreting the surrounding things should be promoted. What is the meaning of the dialogues and the behavior of people with dementia? How can the "LAN" be applied to guide the care providers and the care partners in maintaining a good quality of care? In-depth interviews and participatory observations were conducted during interviews in the community care and residential care homes of Hong Kong. Following the theoretical framework blending interpretivism and the sociocultural perspective on dementia, the finding was not only being used for getting more familiar with the experience of people with dementia but also designing the content of educational programme to the care providers and the care partners in Hong Kong.

"LAN" model stands for "L-listening to the experience and voice of people with dementia; A-assess the condition of people with dementia through person-centred care approach; N-Needs of people with dementia to preserve personhood". As the care providers and the care partners are trying to synchronize the experience of people with dementia, the subjective views and feeling of people with dementia formed by their interpretation will be the key to respond their unmet needs. A particular educational programme was designed for the care providers and care partners. Focusing on the synchronization of the experience of people with dementia with LAN model, the participants got reflection and insights on this idea, which is similar to the "LAN" cable technology. The care providers and care partners found that just like a LAN cable to "plugin" from one device to another device so that the information could be synchronized. In satisfying the needs of people with dementia, the participant should learn from the lens and interpretation of people with dementia. A proper caring attitude with this "LAN" model, called as Dementitude®, was introduced. The evaluation of the educational training showed a significant improvement in the positive perception of dementia among the participants.