

trial  $n-1$  (high or no conflict) modulated the level of adaptive control in the  $n^{\text{th}}$  trial. We used multivariate analyses of variance to probe age-group effects on inhibitory efficiency, adaptive (high conflict  $n-1$  trial) and momentary (no conflict  $n-1$  trial). We analysed accuracy and direct as well as proportional reaction times, which respectively integrate and control for differences in general processing speed.

**Results:** Older participants showed a larger overall Stroop effect in both direct [Wilks'  $\lambda = .61$ ,  $F(2,81) = 25.99$ ,  $p < .001$ ] and proportional reaction times [Wilks'  $\lambda = .79$ ,  $F(2, 81) = 10.55$ ,  $p < .001$ ]. Controlling for differences in general processing speed did not impact age-group effects on momentary inhibitory efficiency [ $F(1,82) = 17.78$ ,  $p < .001$ ], but eliminated a trend for poorer adaptive inhibitory control in the older group [ $F(1, 82) = .198$ ,  $p = .657$ ]. As for accuracy, we unexpectedly found a larger Stroop effect for the younger group [Wilks'  $\lambda = .79$ ,  $F(2, 81) = 11.07$ ,  $p = .001$ ].

**Conclusion:** Older and younger adults are as effective in using previous response conflicts to prepare for current conflict resolution. Older adults' lower momentary inhibitory effectiveness likely reflects age-related slowing of processing speed as well as, to a degree to be determined in future research, larger strategic reaction times investment in accuracy enhancement.

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## FC23: Dementia and Triadic (Doctor-Patient-Carer) Interactions in Primary Care

**Authors:** C. Balsinha 1, F. Barreiros 1, M.J. Marques 2, S. Dias 2, S. Iliffe 3, M. Gonçalves-Pereira 1

1 CHRC, NOVA Medical School, Universidade NOVA de Lisboa, Lisbon, Portugal

2 CHRC, National School of Public Health, Universidade NOVA de Lisboa, Lisbon, Portugal

3 University College London, United Kingdom

Presenting author: Manuel Gonçalves-Pereira (gpereira@nms.unl.pt)

### Objective:

Primary care visits of persons with dementia often bring together triads composed of patients, family carers and general practitioners (GPs), as previously discussed (1). Communication dynamics potentially affect dementia outcomes, not least because primary care is a health setting where these triad encounters often occur naturally. Our aim is to present further data from Portuguese primary care consultations with persons with dementia, their carers and GPs.

### Methods:

We refer to the conclusion of our study 'Dementia in Primary Care: the Patient, the Carer and the Doctor in the Medical Encounter - Bayer Investigation Grant | NOVAsaúde Ageing 2018' (1). Fieldwork was interrupted during

the COVID-19 pandemic and resumed in 2022. Sixteen consultations with persons with dementia, their carers and GPs (purposive sampling) were audio- recorded and transcribed verbatim. Interactions were thematically analysed using NVIVO® software. The analytical framework combined codes derived from the transcripts with codes from the literature.

### **Results:**

Dementia-related content took up less than half of consultations' time, despite their considerable length (as compared to the average in primary care). Most GPs assessments lacked breadth, although efforts towards positive attitudes were present. Themes specifically related to social health in dementia were not (or were poorly) covered. Frequently, carers facilitated GPs' assessment of dementia consequences, but their own needs were neglected. Patients' self-expression tended to be limited.

### **Discussion:**

Our findings suggest that doctor-patient interactions in many GPs' consultations seemingly compromise patient-centred approaches. There are challenges regarding how to assess the biopsychosocial consequences of dementia in a context of fragmented care (2,3). Given the scarcity of evidence from live-recorded primary care consultations about triadic dynamics, our findings are important to guide further explorations.

### **References:**

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## **FC24: Transcranial Magnetic Stimulation (TMS) as a Treatment for Dementia due to non-Alzheimer's disease (non-AD): What is the Evidence?**

**Authors:** Maria I. Lapid, M.D., Sandeep R. Pagali, M.D., M.P.H., Rakesh Kumar, M.B.B.S., Brian N. Lundstrom, M.D., Ph.D., Paul E. Croarkin, D.O., M.S., Simon Kung, M.D., Mayo Clinic, Rochester, Minnesota, USA

**Objective:** There is no cure for dementia due to non-Alzheimer's disease (non-AD), and current treatments are symptomatic. Noninvasive brain stimulation therapies such as transcranial magnetic stimulation (TMS) are increasingly being investigated to improve cognitive function in dementia. We conducted a systematic review to investigate the effectiveness of TMS on cognition in non-AD dementia.