

Methods: We conducted a retrospective repeated cross-sectional study, where we included all older adults (65 years and older) registered in the Swedish National Prescribed Drug Register between 2006 and 2020. We estimated the use of antidepressants in older people for each year, across the 21 Swedish regions.

Results: The Swedish population of older adults increased from 1.2 million in 2006 to 1.7 million in 2020. There was an increase in antidepressant use from 12.4% in 2006 to 13.2% in 2019 and 13.8% in 2020. We found that the use of antidepressants varied across age groups, older adults 85+ had a higher use (18.2% in 2006, 18.2% in 2019 and 19.4% in 2020) compared to those 65-74 years of age (9.6% in 2006, 11.7% in 2019 and 12.2% in 2020).

Individuals who used antidepressants were generally older (mean age = 77.7) and more often women, compared to individuals who did not use antidepressants (mean age = 75.7). Moreover, individuals who used antidepressants also had a higher use of benzodiazepine compared to non-users (25.1% vs. 6.4% in 2006; 16.0% vs. 2.7% in 2019 and 15.6% vs. 2.5% in 2020), sleeping drugs (27.7% vs. 10.9% in 2006; 25.2% vs. 9.3% in 2019 and 24.6% vs. 8.9% in 2020), first generation antipsychotics (1.1% vs. 4.0% in 2006 and 0.3% vs. 1.3% in 2020) and second-generation antipsychotics (1.0% vs. 6.3% in 2006 and 0.8% vs. 6.3% in 2020).

Citalopram was the most frequently used antidepressant. However, its use declined from 2006 to 2020 and instead we observed an increase in the use of mirtazapine and sertraline. The prescription of tricyclic antidepressants (TCA), selective monoamine-A inhibitors and lithium was relative stable over time.

Overall, antidepressants were prescribed at doses close to the defined daily doses (DDD), except for TCA, mianserin, bupropion and venlafaxine which were often prescribed at lower doses.

Conclusions: We found a slight increase in antidepressant prescription in Sweden between 2006 and 2020, with older adults 85 years and older using more antidepressants compared to those 65-74 years of age. Use of antidepressants was associated with increased use of benzodiazepines, sleeping drugs (zolpidem and zopiclone), as well as first- and second-generation antipsychotics. Citalopram was the most prescribed antidepressant, but its use has declined over time.

FC26: What have staff got to do with it? Untangling complex relationships between residential aged care staff, the quality of care they provide, and the quality of life of people with dementia

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Background: Despite the integral role long term residential care staff play in the lives of residents with dementia, the mechanisms for supporting staff to bring about good quality of care (QOC) and quality of life (QOL) are poorly

understood. This study focused on establishing the key mechanisms to improve QOC and in turn QOL of residents with dementia.

Method: Over a 10-month period we followed: 247 older adults with dementia from 12 not-for-profit residential care facilities, their families/care partners (n=225), managers (n=12) and staff (n=232). Facilities ranged in size from 10 to 137 beds, located across remote, rural and metropolitan areas of south eastern Australia. Measures included: staff surveys, family member and resident interviews, resident file audits, live resident and staff observations and organisational audits. Multilevel Modelling or Generalised Estimating Equations analyses were conducted for each of the 12 QOC variables, with 22 staff and control variables as the predictors, and for each of the 11 QOL variables, with 20 QOC and control variables as predictors.

Results: Analyses established significant associations between a large number of staff and QOC variables and between QOC and QOL variables.

Conclusions: The quality of the care provided to residents has strong, widespread influences on the QOL of residents. The most promising areas for intervening with staff were: increasing the relevance and applicability of staff training and qualifications, upskilling staff in empathic care provision, communication, and restraint reduction, using a mixture of permanent and rotating shifts, prioritising recreational activity provision by all staff and increasing assistance with meals. patients with cognitive impairment in rural hospitals.

