In another study on AD patients, participants with AD had to re-learn three IADLs. All three learning methods (including EL) had similar efficiency (F(2,94)=21,99). However, the intervention resulted in greater improvement in actual IADL task performance than in explicit knowledge.

In another study, structured ADL re-training in stroke survivors with amnesia significantly increased functional independence (MD: 4.90, SE=1.4, 95% confidence interval) and shortened time of hospitalisation (mean difference: 5.22, SE= 1.4, 95% CI: 1.8, 8.7).

The fourth study presented a model in which patients with post-stroke ideational apraxia attended tea making training sessions during which progress was monitored and feedback was provided via a computer system. A qualitative analysis of errors was conducted before training, and the most common errors observed were those related to kettlebell and continuous perseveration. After training, the frequency of errors decreased for all error types except for skipping a step.

Conclusion: The results of the studies discussed demonstrate the wide range of applications of error-free learning protocols in both AD patients and post-stroke patients. A clearly specified but flexible training protocol, together with information on error distribution, provide pointers for further refinement of task model approaches in ADL and IADL rehabilitation.

P63: Best Practice Guidance on Human Interaction with Technology in Dementia Update June 2023 – Recommendations from the INDUCT and DISTINCT Networks

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Objective: INDUCT (Interdisciplinary Network for Dementia Using Current Technology), and DISTINCT (Dementia Inter-sectorial strategy for training and innovation network for current technology) are two Marie Sklodowska-

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Curie funded International Training Networks that aimed to develop a multi-disciplinary, inter-sectorial educational research framework for Europe to improve technology and care for people with dementia, and to provide the evidence to show how technology can improve the lives of people with dementia.

Methods: In INDUCT (2016-2020) 15 Early Stage Researchers worked on projects in the areas of Technology to support everyday life; technology to promote meaningful activities; and healthcare technology. In DISTINCT (2019-2023) 15 Early Stage Researchers worked on technology to promote Social health in three domains: fulfilling ones potential and obligations in society, managing one's own life, and participation in social and other meaningful activities.

Both networks adopted three transversal objectives: 1) To determine practical, cognitive and social factors needed to make technology more useable for people with dementia; 2) To evaluate the effectiveness of specific contemporary technology; 3) To trace facilitators and barriers for implementation of technology in dementia care.

Results: The main recommendations resulting from all research projects are integrated in a web-based digital Best Practice Guidance on Human Interaction with Technology in Dementia which was recently updated (Dec 2022 and June 2023) and will be presented at the congress. The recommendations are meant for different target groups, i.e. people in different stages of dementia, their (in)formal carers, policy makers, designers and researchers, who can easily find the recommendations relevant to them in the Best Practice Guidance by means of a digital selection tool.

Conclusions: The INDUCT/DISTINCT Best Practice Guidance informs on how to improve the development, usage, impact and implementation of technology for people with dementia in various technology areas. This Best Practice Guidance is the result of intensive collaborative partnership of INDUCT and DISTINCT with academic and non-academic partners as well as the involvement of representatives of the different target groups throughout the projects.

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P65: Characteristics of refractory late-life depression in the prodromal phase of neurodegenerative diseases.

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Objective: Depression is common in neurodegenerative diseases, and a psychiatric diagnosis of late-life depression (LLD) may be changed to neurodegenerative disease during the follow-up period. The aim of this study was to identify clinical characteristics of LLD that might be prodromal state of neurodegenerative diseases.

Methods: We conducted a retrospective chart review to collect data (registered between April 2012 and September 2022) from individuals who received electroconvulsive therapy (ECT) for their severe depressive episodes due to major depressive disorder (MDD) or bipolar disorder, were aged 60 years and older, and were

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