538 - Approach to Understanding the 'Meaning' of Behaviors in NCD: Beyond PIECES and GPA. Luthra's Behavioral Assessment and Intervention Response Paradigm (LuBAIR™ Paradigm).

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ABSTRACT

Background: With the incidence, prevalence, and cost of dementia care expected to rise, it has become crucial to develop a practical approach for managing behaviors in dementia. Presently non-pharmacological interventions, both interpersonal and environmental, are the gold standard for managing Behavioral and Psychological Symptoms of Dementia (BPSD). The purpose of the presentation is to reveal the reasons for paucity in developing effective pharmacological treatments for BPSD in moderate to advanced dementia and propose a new theoretical framework for labeling and classifying behaviors in moderate to advanced dementia. The LuBAIR paradigm will be less labor-intensive, more comprehensive, and improve the categorization of behaviors into clinically meaningful categories. It wa also found that the LuBAIR Inventory has comparable inter-and intra-rater reliability and Construct and Criteria validity in comparison to BEHAV-AD and Cohen-Mansfield Agitation Inventory (CMAI).

Methods: The literature on BPSD reviewed, focusing on terminology, models of behaviors, and identified deficiencies in both.

Results: Terminology to describe moderate to advanced dementia behaviors lacks consistency, accuracy, and reliability in both research and clinical settings. Standardized scales currently utilized to diagnose clinical conditions also lack validity and reliability in moderate to advanced dementia. Models for understanding the occurrence of behaviors in dementia are dichotomized along the biological versus psychosocial paradigm. The reliability and validity of the LuBAIR Inventory were established in an earlier study and workshops, where it found that the LuBAIR was less labor-intensive, more comprehensive, and offered improved categorization of behaviors into clinically meaningful categories. It was also found that the LuBAIR Inventory has comparable inter-and intra-rater reliability and Construct and Criteria validity in comparison to BEHAV-AD and Cohen-Mansfield Agitation Inventory (CMAI).

Conclusions: Deficiencies in existing terminology, assessment scales, and models are acknowledged. There are twelve newly formed behavioral categories to classify behaviors in moderate to advanced Dementia. These categories were used to develop a new behavioral assessment inventory titled LuBAIR (Luthra's Behavioral Assessment and Intervention Response). The LuBAIR model will help clinical staff to understand the 'meaning' of behaviors in persons with Dementia (PwD).

Keywords: Dementia, Behavioral Symptoms, Classification, Stage Congruent Response Behaviors, Biological Factors, Personal Factors, Environmental Factors

539 - The association between olfactory dysfunction and psychiatric disorders

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It is known that olfactory dysfunction occurs early in neurodegenerative diseases, such as Alzheimer's and Parkinson's diseases and frontotemporal dementia (FTD). Dementia and psychiatric disorders share a number of clinical features, such as psychosis and depression. As such, misdiagnoses across these conditions are not uncommon. A variety of studies show smell dysfunction in schizophrenia, but little is known about other psychiatric disorders. In order to verify the link between olfaction and psychiatric disorders, a medical literature search was carried out in may 2021 using PubMed, and Cochrane Library, including the terms "olfaction" and "olfactory dysfunction" combined individually with "psychiatric disorder" and "depression". Systematic reviews and meta-analyses written in English from 1991 to 2021 were included. Even thought one review suggested that patients with depression have reduced olfactory performance when compared with healthy, results show studies with different methodology and design which makes it difficult to reach definitive conclusions as how and if olfactory functioning is related to

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