

international commitment to planning for humanitarian emergencies that include individual and community psychosocial support for older adults with mental health conditions. The current lack of inclusion for these older adults in humanitarian response is dramatic and constitute a clear violation of their Human Rights. Governments and humanitarian actors need to do more during crisis to ensure that individual's specific needs are addressed. A humanitarian response includes the collective actions of actors responding to the global needs. Each state has the responsibility first to take care of the victims of these emergencies occurring on its territory. Humanitarian actors must provide assistance in accordance with the principles of humanity, neutrality and impartiality. Promoting and ensuring compliance with these principles are essential elements of effective humanitarian coordination, in respect of the Human Rights principles, in particular when vulnerable people such older adults with mental health conditions are involved. The symposium intends to describe the consequences on older adults' mental health during humanitarian emergencies and discuss potential solutions to improve the humanitarian response for all in need.

### **Workshop 3: Develop, implement and evaluate technology for social health in dementia: lessons in best practice from the European DISTINCT network**

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**Objective:** DISTINCT is a Marie Skłodowska-Curie Innovative Training Network. Supported by the INTERDEM network and European Association of Geriatric Psychiatry, DISTINCT aimed to establish a multi-disciplinary, multi-professional and intersectorial European research framework, for assistive technologies to support social health in dementia. In this symposium, we present research associated with the maturity lifecycle (development to evaluation) of four technologies: the ROADMAP online self-management intervention; online peer support for people with young onset dementia; online acceptance and commitment therapy for caregivers (ACT); and the FindMyApps tablet-based intervention for people with dementia and their caregiver.

**Method:** In 2019, 15 ESRs were recruited to 13 research organizations across 8 European countries. Research projects were launched in collaboration with people living with dementia and caregivers, and industry partners. Projects were adapted to meet challenges and opportunities due to the COVID-19 pandemic. The projects presented in this symposium employed a variety of research paradigms (user-centred design, feasibility and implementation studies, randomized controlled trials). Key insights from each project were combined into best practice guidance for developers, researchers, healthcare professionals and people living with dementia, covering the full innovation lifecycle.

**Results:** All DISTINCT research projects are now in the final stages, having so far resulted in more than 35 peer reviewed publications and many contributions to international conferences. Insights were incorporated into the Best Practice Guidance for Human Interaction with Technology in Dementia, published in December 2022, which will be updated by the end of 2023 with further insights from completed projects. Key findings presented in this symposium concern: development of ROAD MAP online; best practices for, and barriers to, online peer support; acceptability and preliminary effectiveness of online ACT; effectiveness and cost effectiveness of FindMyApps.

**Conclusion:** There is growing evidence that assistive technologies are feasible and effective for supporting social health of people with dementia and caregivers. People living with dementia, formal and informal caregivers, policymakers, designers, and researchers can refer to the DISTINCT Best Practice Guidance to inform their approach to assistive technology. Future research can build on these results, to further understand and improve usability, (cost-)effectiveness, and implementation of assistive technology in dementia.

### **Cost-effectiveness of a tablet-based intervention to support social health in dementia: results from the FindMyApps randomized controlled trial**

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**Objective:** Scalable, cost-effective interventions to support social health in dementia are required to address growing prevalence in the face of healthcare workforce shortfalls. Until now, very few high quality studies have addressed the effectiveness of assistive technologies for social health in dementia, and almost none have evaluated the cost-effectiveness. Effectiveness of the FindMyApps intervention was investigated and an economic evaluation was undertaken.

**Method:** A single-centre, non-blinded, randomized controlled trial (RCT) was conducted, comparing the effectiveness of FindMyApps with a digital care as usual control intervention (normal tablet computer with general advice). Primary outcomes measured at baseline and three month follow-up were social participation and self-management of community-dwelling people with mild cognitive impairment (MCI) or early stage dementia (MMSE 18-25), and sense of competence of their informal caregiver. Healthcare usage data was collected using a modified version of the RUD-lite instrument. Incremental costs and effectiveness associated with FindMyApps compared to the control intervention were estimated.

**Results:** Data collection was completed in November 2022. Of 150 dyads randomized, follow-up data were available from 128 dyads (14.7% loss to follow-up). The dataset has been cleaned and analyses are ongoing. Alongside main effects on primary outcomes, both a cost-effectiveness analysis and a cost-utility analysis will be reported, from a societal and healthcare perspective. Cost and effect differences between FindMyApps and digital care as usual will be estimated with bivariate regression analyses and incremental cost-effectiveness ratios will be reported (the difference in the mean total costs between the groups divided by the difference in mean effect between the groups). Cost-effectiveness acceptability curves will demonstrate the probability that FindMyApps is cost-effective compared to digital care as usual.

**Conclusion:** The results of this study establish the extent to which FindMyApps is effective and cost-effective for supporting social health in dementia. Implications for healthcare professionals, researchers and policymakers with respect to further implementation of FindMyApps are highlighted, as well as remaining uncertainty and directions for future research. The results of this study demonstrate the feasibility of large-scale (cost-)effectiveness evaluations with assistive technology, which should be replicated as gold-standard evidence for other technologies and health priorities.