

Results: All SH markers, except contact frequency, were associated with lower subsequent depression, but not inflammatory biomarkers. Greater contact frequency (e.g. once-twice a week vs <once per year: $\beta=0.18$ [0.01, 0.36]) and less negative support ($\beta=0.02$ [0.00, 0.03]) were associated with higher verbal fluency. Larger network size (>6 people vs none: $\beta=0.007\text{SD}/\text{year}$ [0.001, 0.012]), less negative ($\beta=0.001\text{SD}/\text{year}$ [0.001, 0.002]) and more positive support ($\beta=0.001\text{SD}/\text{year}$ [0.000, 0.001]) were linked with slower memory decline, and more positive support predicted slower verbal fluency decline ($\beta=0.001\text{SD}/\text{year}$ [0.000, 0.001]). Depression symptoms were associated with lower memory and verbal fluency, and faster memory decline ($\beta=-0.001\text{SD}/\text{year}$ [-0.001, -0.000]) and verbal fluency ($\beta=-0.001\text{SD}/\text{year}$ [-0.001, -0.000]). CRP was associated with lower verbal fluency ($\beta=-0.02$ [-0.04, 0.00]), whereas fibrinogen was linked with faster memory decline ($\beta=-0.001\text{SD}/\text{year}$ [-0.003, -0.000]).

Conclusion: Depression symptoms and SH showed associations with subsequent cognitive capability and change. SH was linked with lower depression, but not inflammatory biomarkers. Findings highlight the potential for depression to underpin associations between SH and cognition, a pathway which we will test using causal mediation analysis. We will also examine whether findings replicate in the Swedish National Study of Aging and Care in Kungsholmen.

FC41: Music-assisted reminiscence therapy: Feasibility and use in practice

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Objective: Reminiscence therapy is the examination of past memories to improve current mood and psychological functioning and is an evidence-based treatment for symptoms of late life psychological distress. Music is sometimes used in such therapy to prompt or enhance the recollection of memories; however, there is limited empirical research on the use and value of using music in reminiscence therapy. This presentation will discuss the findings of two studies exploring the feasibility and use of verbal reminiscence therapy (VRT) and music-assisted reminiscence therapy (MRT) from the perspectives of the older adult and the staff who care for them.

Method: Study one surveyed 110 Australian workers in aged care to explore the extent to which VRT and MRT were used, how such interventions were delivered and viewed, and the benefits. Study two randomly assigned 8 older adults experiencing psychological distress to a single session of VRT or MRT. Pre and post measures of affect, memory experience, and a brief satisfaction interview were collected, along with measures of treatment fidelity.

Results: For staff, simple reminiscence was the most frequently used approach across both VRT and MRT. Staff reported that both VRT and MRT are viewed as successful and regularly used interventions, that occur in spontaneous and creative ways in response to older clients' needs. Staff reported outcomes such as enhanced social connections, improved affect and mood, and better care practices. Older adults reported that that VRT and MRT were equally acceptable and well tolerated. A pre-post pattern of improvement was observed for affect following VRT, and particularly MRT, suggesting both as promising interventions. MRT resulted in higher scores on

memory experience characteristics such as vividness, coherence, and accessibility. The high treatment fidelity achieved in this study indicates that the interventions can be successfully implemented with this population.

Conclusion: VRT and particularly MRT were viewed as successful, feasibility and acceptable interventions by older adults experiencing psychological distress, and direct care staff in Australia. These preliminary findings indicated MRT may provide therapeutic changes above and beyond VRT for older adults, and therefore large-scale clinical trials are warranted.

FC42: Evaluation of patients with cognitive impairment due to suspected idiopathic normal-pressure hydrocephalus at medical centers for dementia: a nationwide hospital-based survey in Japan

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Objective: Treatment of idiopathic normal-pressure hydrocephalus (iNPH) requires collaboration between dementia specialists and neurosurgeons. The role of dementia specialists is to differentiate patients with iNPH from patients with other dementia diseases and to determine if other dementia diseases are comorbid with iNPH. We conducted a nationwide hospital-based questionnaire survey on iNPH in medical centers for dementia (MCDs).

Methods: We developed a questionnaire to assess how physicians in MCDs evaluate and treat patients with cognitive impairment due to suspected iNPH and the difficulties these physicians experience in the evaluation and treatment of patients. The questionnaire was sent to all 456 MCDs in Japan.

Results: Questionnaires from 279 MCDs were returned to us (response rate: 61.2%). Patients underwent cognitive tests, evaluation of the triad symptoms of iNPH, and morphological neuroimaging examinations in 96.8, 77.8, and 98.2% of the MCDs, respectively. Patients with suspected iNPH were referred to other hospitals (e.g., hospitals with neurosurgery departments) from 78.9% of MCDs, and cerebrospinal fluid (CSF) tap test was performed in 44 MCDs (15.8%). iNPH guidelines (iNPHGLs) and disproportionately enlarged subarachnoid space hydrocephalus (DESH), a specific morphological finding, were used and known in 39.4% and 38% of MCDs, respectively. Logistic regression analysis with “Refer the patient to other hospitals (e.g., hospitals with neurosurgery departments) when iNPH is suspected.” as the response variable and (a) using the iNPHGLs, (b) knowledge of DESH, (c) confidence regarding DESH, (d) difficulty with performing brain magnetic resonance imaging, (e) knowledge of the methods of CSF tap test, (f) absence of physician who can perform lumbar puncture, and (g) experience of being told by neurosurgeons that referred patients are not indicated for shunt surgery as explanatory variables revealed that the last two factors were significant predictors of patient referral from MCDs to other hospitals.

Conclusion: Sufficient differential or comorbid diagnosis using CSF tap test was performed in a few MCDs. Medical care for patients with iNPH in MCDs may be improved by having dementia specialists perform CSF tap tests and share the eligibility criteria for shunt surgery with neurosurgeons.