

Pre Congress Workshops

Workshop I: Evidence-informed approach to prescribing of atypical antipsychotics to manage behaviors in Neurocognitive disorders: Results of a pilot study

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The senior author would like to thank Murray Alzheimer's Research and Educational Program (MAREP) under the Schlegel Research Institute in Aging, University of Waterloo, Waterloo, Ontario, Canada and Homewood Health Centre, Guelph, Ontario, Canada for all their support for my research. There are no conflict of interests.

Background: The LuBAIR™ Paradigm is a novel approach to ascribe meaning to behavioral expressions in advanced neurocognitive disorders when the reliability of a clinical assessment is limited. The meaning ascribed to each behavioral category was used to identify those who are likely to respond to the use of atypical antipsychotics in their management. De-prescribing was attempted on patients who qualified to enter this retrospective study. De-prescribing was defined as successful if individuals were completely withdrawn from AAP and remained off them for 60 days without the re-emergence of behaviors.

Methods: The LuBAIR™ Inventory was filled on two occasions. The data collected on the second occasion, in the successful and failed de-prescribed groups, were compared in this retrospective study. MANOVA, Chi-Square paired t-test statistical analyses were used to detect the differences in the behavioral categories between the two cohorts. Cohen d was used to measure effect size.

Results: Patients who did not have Mis-Identification and Goal-Directed Expressions were more likely to successfully de-prescribe: $X^2(1, N = 40) = 29.119, p < 0.0001$ and $X^2(1, N = 40) = 32.374, p < 0.0001$, respectively. Alternatively, the same behavioral categories were more likely to be present in patients who failed de-prescribing: MANOVA and paired t-test ($p < 0.0001$).

Conclusion: Atypical antipsychotics, in their role as an antipsychotic and mood stabilizer, may be used to manage Mis-Identification and Goal-Directed Expressions, respectively.

Workshop 2: Humanitarian Crisis and Old Age Mental Health

Authors: Carlos Augusto de Mendonca Lima, Debanjan Banerjee, Liat Ayalon, Kiran Rabheru

In 2020 there were 727 million persons aged 65 years or over in the world and this number is expected to reach over 1.5 billion in 2050. Of these, 20% suffer of a mental health condition and 60% live in low- and middle-income countries where barriers (stigma, poor access to social and health care systems) present issues even during stable times. A humanitarian crisis is defined as a singular event or a series of events that are threatening in terms of health, safety or wellbeing of a community or group of individuals, and require action that is usually urgent and often non-routine. Examples of such crisis are wars, natural disasters, epidemics and forced immigration. There is an urgent need of an

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

Chairs: Prof. Martin Orrell, University of Nottingham, School of Medicine, Academic Unit 1 Mental Health and Clinical Neuroscience, Institute of Mental Health, Nottingham, United Kingdom, Dr. Lizzy Boots, Maastricht University, Department of Psychiatry and Neuropsychology, Alzheimer Centre Limburg, Maastricht, The Netherlands

Presenters:

- David Neal, Amsterdam UMC, location Vrije Universiteit Department of Psychiatry; Amsterdam Public Health Research Institute, Amsterdam, Netherlands.
- Golnaz Atefi, Maastricht University, Department of Psychiatry and Neuropsychology, Alzheimer Centre Limburg, Maastricht, The Netherlands
- Esther Gerritzen, University of Nottingham, School of Medicine, Academic Unit 1 Mental Health and Clinical Neuroscience, Institute of Mental Health, Nottingham, United Kingdom
- Lesley Garcia, University of Nottingham, School of Medicine, Academic Unit 1 Mental Health and Clinical Neuroscience, Institute of Mental Health, Nottingham, United Kingdom

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.