Methods: We searched Embase, MEDLINE and PsycINFO for studies reporting the prevalence of sleep disturbances in people with dementia living at home. We meta-analysed data and calculated the pooled prevalence of sleep disturbances in people with dementia overall and in dementia subtypes. We used meta-regressions to investigate the effects of study characteristics, publication dates and participant demographics.

Results: Eleven studies fulfilled the inclusion criteria. The pooled prevalence of any symptoms of sleep disturbance was 26% (95% confidence intervals (CI): 23-30%; n= 2719) and of clinically significant sleep disturbance 19% (95% CI: 13-25%; n= 2753). The pooled prevalence of sleep disturbance symptoms was significantly lower among people with Alzheimer's disease (24%; 95% CI: 16-33%, n=310) than Lewy body dementia (49%; 95% CI: 37-61%, n=65). Meta-regression analysis did not find that publication year, participant's age, sex and study quality predicted prevalence.

Conclusion: Sleep disturbances are common among people with dementia living in the community, especially in Lewy body dementia. There was no change in prevalence according to publication dates (between 2002 and 2018). This suggests that possible advances in treatment of sleep disturbance are not reflected in improvements for people living with dementia. This highlights the need to develop effective intervention strategies, reducing the prevalence of sleep disturbances in people living with dementia living at home in the community.

FC15: The Baycrest Quick-Response Caregiver Tool TM for Behavioral and Psychological Symptoms of Dementia: Background and mixed methods studies

Authors: Dr. Robert Madan and Dr. Ken Schwartz

Goals and Objectives:

By the end of the session, participants will be able to:

1. Describe the Baycrest Quick-Response Caregiver Tool
2. Describe the role for the Baycrest Quick Response Caregiver Tool in BPSD
3. Describe the results of studies to date

Objective: Behavioral and Psychological Symptoms of Dementia (BPSD) are common and are associated with poor outcomes and caregiver burden. A variety of frameworks and tools exist to assess and understand the symptoms and to plan interventions. The Baycrest Quick-Response Caregiver Tool ^{TM} (BQRCT) is different than other tools as it assists the caregiver in real time as the BPSD are occurring. A mixed methods feasibility study in family caregivers found favorable results. Scaling up this tool for long term care (LTC) staff can potentially benefit residents living with dementia. The goal of this presentation is for participants to describe this novel tool, its evidence, and its place within the known tools and frameworks for BPSD.

Methods: Participants will interactively learn about the BQRCT, how it is applied with caregivers, and how it works with other tools for BPSD. The training videos will be viewed and discussed. The evidence from a mixed methods study of this tool will be presented and compared to evidence for other tools. The methods and preliminary results (if available) for an ongoing study of the BQRCT in the LTC context with be presented.

Results: A mixed methods study of family caregivers and health-care providers of persons with dementia and BPSD found that the BQRCT was helpful and participants reported high feasibility ratings. The group of health-care providers found the tool useful and most would recommend it to peers and clients. Participants also provided specific suggestions for improvement, such as including more examples of complex behaviours. The current study in LTC involves the creation of new videos of complex situations in LTC. Participants in LTC homes will complete the online training, and surveys pre/post and at 4 weeks post-intervention. A focus group of a sample of 20 participants will be conducted.

Conclusions: The BQRCT complements and works synergistically with existing strategies for managing BPSD. Care teams can use various frameworks and tools flexibly either concurrently or at different times in the episode of care of persons with dementia and BPSD. These tools must address the diversity and personal background of the person with dementia and caregivers.

FC16: Memory Services National Accreditation Programme (MSNAP), United Kingdom The Royal College of Psychiatrists, UK

Authors: Sujoy Mukherjee (Consultant Old Age Psychiatrist and Chair of MSNAP Accreditation Committee) and Jemini Jethwa (MSNAP Programme Manager)

Objective: MSNAP is a quality improvement and accreditation network for services that assess, diagnose and treat dementia in the UK. Accreditation assures patients, carers, frontline staff, commissioners, managers, and regulators that your memory service is of a good quality and that staff are committed to improving care. Our aims are to improve the quality of memory services nationally and internationally, through a thorough and supportive assessment against our standards.

Methods: Through a model of peer-reviews, MSNAP assesses memory services across the UK (currently 86 member services) against a set of evidence-based standards for memory services. The purpose of our standards is to improve the quality of care provided by memory services. The standards are drawn from relevant policies, guidelines and research literature and have been developed in consultation with our members, our partner organisations and patient and carer networks. MSNAP has launched a developmental membership option which is open to international members to receive an in-depth assessment against our standards.