

FC41: A guide to developing individualized behavioral care plans for expressions in advanced neurocognitive disorders (ANCD) and based on the meaning ascribed to them.

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Expressions in ANCD are viewed as a *mode of communication* and ascribing *meaning* for their presence the key step to developing individualized behavioral care plans. Existing dementia care philosophies (PIECES™, GPA™, DementiaAbility and Teepa Snow Dementia Workshops) offer general directions but fail assist in ascribing *meaning* for the individual or clustering of the constellation of, varied phenotypic presentation of expressions in ANCD. The first step was to establish a *biopsychosocial* model for the generation of expressions; as all existing models were dichotomized along *biological* and *psychosocial* lines. The next step was developing a classification for the various phenotypic manifestations of expressions. This involved collecting ‘alike’ symptoms into individual categories and giving each category title which adequately represented the symptoms therein. Formation of behavioral categories was justified using existing validated psychological theories. Five psychological theories used to justify existence of behavioral categories: Information Processing Theories, Motivational Theories, Emotional Regulation Theories, Developmental Theories and Theories on Compliance and Aggression. These theories were able to ascribe *meaning* to individual behavioral categories and derived from their lived experiences: their Personhood. The ascribed meaning offers a framework for developing an individualized behavioral care plan for the expressions represented in each behavioral category. This framework, titled, LuBAIR™ Paradigm was structured in the form of an evaluative framework, both quantitative and qualitative, and presented as full day workshops, between 2017 to 2019, to frontline staff trained in existing dementia care philosophies. 92% of the attendees affirmed this paradigm’s ability to offer better assistance in “behavior care planning”. Qualitative thematic analysis: An innovative, simplified, enhanced, and comprehensive approach to understanding the reasons for the occurrence and recognition and labeling of behaviors in PwNCD. This approach offers increased insight into the understanding of “meaning” of behaviors in PwNCD. The Journal of Aging and Social Change: Volume 12, Issue 1, 2021.

FC42: Trajectories of depressive and anxious symptomatology in Chilean family carers of people with dementia: a longitudinal study

Authors: Miranda-Castillo, C., Slachevsky, A., Tapia-Muñoz, T., Madrid, M., & Gómez, F

Objectives: Latin American longitudinal studies in family carers of people living with dementia (PLWD) are scarce. This study aimed to determine the trajectories of depressive and anxious symptomatology in Chilean family carers of PLWD over two years.

Methods: A telephone survey was conducted with 300 family caregivers of PLWD at baseline (T1) who responded to a survey about themselves, characteristics of the PLWD, and social factors. In the second wave, 208 carers participated (T2), and 155 in the third wave (T3). Latent Growth Curve and Latent Class Growth Mixture analyses were performed.

Results: Both depressive and anxious symptomatology increased significantly over time ($p < 0.001$). Ninety-five percent of carers, regardless of the level of depressive symptomatology at baseline, showed statistically significant trajectories of increase in depressive symptomatology ($p < 0.001$). In addition, 67% of carers (with low and high baseline levels) showed a significant progressive increase in anxious symptomatology ($p < 0.005$) and 33% remained at a moderate level of depressive symptomatology ($p = 0.07$). Finally, it was found that anxious symptomatology increased by 0.82 points more in women compared to men ($p = 0.01$).

Conclusions: The results emphasize the importance of ongoing screening for depressive and anxious symptomatology in carers over time, particularly in women. Health professionals in primary care should be capacitated to assess and offer timely and appropriate support to family carers of PLWD in order to improve their mental health. Finally, interventions for carers should be an essential part of national dementia plans.

FC43: Decision-Making Capacity and Awareness in People with Young-Onset Alzheimer's Disease

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Objectives: There is a lack of research on differences between decision-making capacity and awareness according to age at onset of dementia. We investigated the relationship between decision-making capacity and awareness domains in people with young-(YOAD) and late-onset Alzheimer's Disease (LOAD).

Methods: A cross-sectional study included 169 consecutively selected people with AD and their caregivers (124 people with LOAD and 45 people with YOAD). Decision-making capacity was assessed with the MacCAT-T and awareness with the ASIIDD scale.

Results: People with YOAD were more cognitively impaired, but more aware of their cognitive deficits and health condition, with moderate effect sizes. We did not find any other significant differences between the groups in the other domains of awareness. In addition, there were no significant differences in the domains of decision-making capacity between groups. All PwAD presented deficits in the domains of decision-making capacity with a greater impairment in the understanding domain (YOAD = mean 3.67, SD 1.57; LOAD = mean 3.80, SD 1.22). Understanding was the domain of MacCAT-T most significantly associated with awareness domains: ASIIDD Total ($p < 0.001$), awareness of cognitive deficits and health condition ($p < 0.001$), awareness of emotional state ($p < 0.008$), awareness of social functioning and relationships ($p < 0.001$), and awareness of impaired functional activity ($p < 0.001$). However, age at onset only impacted total ASIIDD ($p < 0.013$) and awareness of cognitive deficits and health condition ($p < 0.001$).

Conclusions: Better awareness involved better understanding in the YOAD group. Clinically, our findings shed light on the need to consider the differences in the domains of awareness and their relationship with other clinical aspects such as decision-making capacity according to age at onset of AD.

FC44: Sex differences in population attributable fractions of modifiable dementia risk factors: evidence from Rush University Memory and Aging Project.

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Objectives: Understanding how the importance of modifiable risk factors for dementia varies by cognitive status and sex is vital for the development of effective approaches to dementia prevention. We aimed to calculate population attributable fractions (PAFs) for incident dementia associated with sets of risk factors while exploring sex differences in individuals who are cognitively normal (CN) or has mild cognitive impairment (MCI).