

P8: Comparison between three cognitive impairment screening tools (MMSE, MoCA and MoCA basic) for seniors with low education in primary care in Brazil

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Objectives: Compare the psychometric characteristics of three brief screening instruments - Mini Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) and its basic version (MoCA basic), for early detecting mild and major neurocognitive disorder (NCD), discriminating from normal elders and provide MoCA and MoCA basic norms and accuracy data for seniors with a lower education level, including illiterates.

Methods: Cross-sectional study, with 60 years or older community dwelling individuals, submitted to diagnostic interviews (according to DSM-5) and screening tests. Of a total of 271 elderly interviewed, 59 had mild and 32 had major NCD. A sum of 266 MMSE; 104 MoCA and 81 MoCA basic were applied. Area under the ROC curve (AUC) was determined for all three tests, and sensitivity (S), specificity (E) and cutoff score (CS) for the last two were determined.

Results: The total scores varied significantly according to age and education ($p < 0.01$). MMSE had a high discriminative validity – AUC for normal vs major NCD = 0,915 ($p < 0.001$; 95% CI 0,868– 0,963) and regular for normal vs mild NCD = 0,706 ($p < 0.001$; 95% CI 0,631–0,781). MoCA demonstrated excellent discriminative validity – AUC for normal vs major NCD = 0.932 ($p < 0.001$; 95% CI 0.842–1.000) and regular for mild NCD – AUC = 0.753 ($p < 0.001$; 95% CI: 0.654– 0.853). CS was 9 (S = 83% E = 95%) and 16 (S = 83% E = 68%). MoCA basic showed excellent discriminative validity for major NCD vs normal AUC = 0.910 ($p < 0.001$; 95% CI 0.818–1.002) and good for mild NCD vs normal AUC = 0.834 ($p < 0.001$; 95% CI: 0.742 –0.927). CS was 21 for both conditions (S = 100% E = 72%; S = 89% E = 72%).

Conclusions: The MoCA and MoCA basic are valid screening instruments for cognitive assessment of low-schooled elderly people from the community, but we found different cut-off from the original and other studies. The MMSE still remains a good and useful tool. These results provide information about psychometric characteristics of the instruments for elderly with low schooling in Brazil.

P9: Preventable adverse events and related outcomes among people with dementia in hospital settings: Scoping review.

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Background: Hospital-related negative outcomes such as reduced functional ability and mortality are significantly more frequent in people with dementia compared to other groups. Although these can result from preventable adverse events (AE) related to care standards (e.g., in-hospital falls or infection), researchers usually link such outcomes with the dementia itself. To date, it is unclear whether and the extent to which negative outcomes in hospitalised people with dementia are partly or fully due to the occurrence of AE.

Aim: To explore the AE endured by people with dementia in hospital settings and to determine whether and the extent to which these are associated with negative outcomes.