

**Conclusion:** The I-HARP model enhanced functional independence of people with mild dementia only but not

**Background:** Lewy body dementia (LBD) is the second most common degenerative dementia in people over 65 (1,2). LBD is underdiagnosed, with only one third of patients correctly diagnosed in daily clinical practice (3); data on the distribution of the disease are scarce. Our study was designed to measure the incidence, prevalence and clinical characteristics of LBD in south-eastern Spain. Healthcare system in Spain is free and universal.

**Methods:** Prospective epidemiological study of LBD in San Vicente del Raspeig between October 18, 2021, and October 17, 2022. The total population aged 60 or over based on the 2019 census was 11445 inhabitants (5227 males, 6218 females). Diagnosis of LBD was based on 2017 McKeith criteria. Only “probable” cases were registered for greater diagnostic certainty. Incidence was studied for the one-year period. Collected data included gender, age, cardinal symptoms for LBD, abnormal biomarkers, neuropsychiatric symptoms, medical treatment, years from diagnosis and GDS score (Reisberg) in the last visit. Protocol was approved by the ethical committee.

**Results:** Global prevalence was 0.67% among the population over 60. Annual incidence was 3.2/1000 person-year.

Mean age of prevalent cases was 78 years (SD 7.5). 68.8% were studied with at least one biomarker (mainly 123I-ioflupane and less frequent polysomnography or MIBG gammagraphy); most suffered 2 or 3 core symptoms (79.2%) (in descending order: parkinsonism, visual hallucinations, rapid eye movement sleep behavior disorder and fluctuations). Two out of five prevalent cases were in an early phase of the disease: 22.1% in mild cognitive impairment (MCI) and 16.9 % in mild dementia. Mean me of disease was 1.9 years (SD 2.2). Other neuropsychiatric symptoms appeared in up to 74% of patients (apathy 18,2%, anxiety 19,5%, depression 23,4%, minor hallucinations 22%, delusions 17%, auditory and tactile hallucinations 1,2%).

**Conclusions:** Prevalence is in line with previous reports. Higher incidence than previously reported may be due to high attention on MCI-LBD and our expertise as a referral Memory Unit. We found a wide dominance of aged women and high prevalence of neuropsychiatric symptoms.

**References:** 1. Vann Jones SA, O'Brien JT. The prevalence and incidence of dementia with Lewy bodies: a systematic review of population and clinical studies. *Psychol Med.* 2014;44(4):673-83. 2.Zaccai J, McCracken C, Brayne C. A systematic review of prevalence and incidence studies of dementia with Lewy bodies. *Age Ageing.* 2005;34(6):561-6. 3.Savica R, Boeve BF, Logroscino G. Epidemiology of alpha-synucleinopathies: from Parkinson disease to dementia with Lewy bodies. *Handb Clin Neurol.* 2016;138:153-8

## **FC21: Loose functional connectivity within the striatum in behavioral variant frontotemporal dementia**

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**Objective:** Previous studies have reported that the structure and function of the striatum are important in bvFTD, and the striatum can be divided into more subregions. Changes within brain regions has recently attracted increasing attention, but most studies have explored the relationship between the striatum and other brain regions. Therefore, the aim of this study was to explore the changes in the intra-striatal resting-state functional connectivity (RSFC).

**Methods:** We acquired fMRI data from 26 bvFTD patients and 36 healthy controls. The Human Brainnetome Atlas was used to define the spatial extent of the striatum and delineate its subregions. Intra- and extra-striatal FC values were then calculated for each individual and compared between bvFTD and control groups.

**Results:** Compared to healthy controls, bvFTD showed decreased intra-striatal FC. Both intra-hemispheric and inter-hemispheric functional connectivity were compromised. There was also a gradient reduction in terms of the functional connectivity within striatum: the left dorsolateral putamen showed most decrease and the left ventral caudate exhibited the least (Fig 1). The extra-striatal FC between striatum and the insula was also decreased.

**Conclusion:** The loose intra-striatal functional connectivity may underly the neural substrate of bvFTD.

## FC22: Changes in inhibitory control in older adults: Diminished inhibitory efficiency or slowing of general processing speed?

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**Background:** Age-related losses in cognitive control efficiency in the face of response conflict are commonly reported in ageing research. However, it is unclear to what extent this effect reflects changes in actual inhibitory control, or the well-known age-related slowing of processing speed.

**Methods:** We compared young ( $n = 42$ ; 29 women; *mean age* = 19.6 years; *mean formal education* = 13 years) and older adults ( $n = 42$ ; 27 women; *mean age* = 68.7 years; *mean formal education* = 12.8 years) using a spatial Stroop task. Participants responded to the direction of an arrow, ignoring its position. Direction and position could be congruent, incongruent or neutral (respectively low, high and no conflict trials). The level of conflict in