Methods: Non-systematic review of the literature with selection of scientific articles published in the last 10 years, using PUBMED as database and the following keywords: «suicide», «dementia» and «dementia diagnosis». Nine studies were included.

Results: Nowadays, suicide account for one million deaths worldwide per year. Suicide rates are up to 8 times higher in the elderly than in general population, in relative numbers. Dementia is an incurable diagnosis and usually result in loss of mental competence. After being diagnosed with dementia, people face emotional challenges and use to feel loss, anger, and uncertainty.

Different studies found dementia as an independent risk factor for suicide. Also, some factors that increase the risk for suicide in dementia are described: the existence of psychiatric comorbidity, such as depression, anxiety, psychosis and substance use; The initial stages of dementia, often within three months of diagnosis, because the person perceive a higher threat to his life, with progressive physical and cognitive impairment, increasingly higher levels of dependence and concern on becoming a burden for their family, and, at the same time, preserving intellectual and volitive capacities to plan and carry out suicide; And younger age at dementia diagnosis, with higher difficulties in adjusting to the diagnosis.

We are moving towards pre-symptomatic and early dementia diagnosis utilizing biomarkers and genetic tests. This implies that the diagnosis is made in younger people, so concerns have been raised about a potential increase for suicidal behavior.

Conclusion: The findings of this research highlight the importance of providing support and paying attention to people with recent dementia diagnosis, particularly in the first year and for patients aged < 75 years. We suggest active management of pre-existing mental disorders, suicide risk evaluation, assessment of patient and caregiver needs and restricting access to lethal means.

P131: Co-creating good care in the care home: perceived roles and responsibilities

Authors: Marleen D.W. Dohmen, Mandy Visser, Johanna M. Huijg, Barbara C. Groot, Tineke A. Abma

Background: An intersubjective understanding of mutual roles and responsibilities in the care process is needed to effectively co-create good care for residents of the care home.

Objective: This study offers insight into the perspectives of professionals, informal caregivers, and residents on their own role and responsibilities and that of others, and examines how this affects their co-creative relationships.

Methods: We conducted semi-structured interviews with professionals (n=9), informal caregivers (n=10), and residents (n=10) from two psychogeriatric wards. An inductive thematic analysis was then performed, using Margaret Urban Walker's expressive- collaborative model of morality (1998) as a sensitizing concept.

Results: Professionals and informal caregivers both view themselves as the main responsible for the resident's wellbeing. Whereas professionals see themselves as experts on care for residents with psychogeriatric issues, informal caregivers see themselves as experts on the resident as a person. From these roles, both profess to know what is best for the resident. Further, professionals see themselves as someone naturally deserving trust due to

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their expertise, whereas they are seen by informal caregivers as someone who needs to win their trust. Informal caregivers see themselves as a warrantor for the residents wellbeing, whereas they are seen by professionals as someone who needs to relinquish control over care, so they can return to being the resident's loved one. Although both professionals and informal caregivers ascribe a central role to the resident in the care process, their behaviors unintentionally urge residents towards a more passive role. Residents who are not generally compliant to the norms of the care home appear to view themselves as rebels. These (and more) differences in perceived roles and responsibilities lead to tensions in the co-creative relationships between professionals, informal caregivers, and residents.

Conclusion: Professionals, informal caregivers, and residents have differing perspectives on mutual roles and responsibilities in the care process, which hampers their co-creation of good care. This study implies that interventions aimed at improving the co-creation of good care may be focused on those involved first becoming acquainted with each other's perceived roles and responsibilities.

P134: Immediate stress responses to music during psychomotor stimulation in 2 study cases with dementia.

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Background: The use of music in older people with advanced dementia is possible because perception, sensitivity, emotion, and memory of music may remain intact after other types of memory disappear. Previous literature is controversial about stress biomarkers response to music introduction in therapy routines for people with severe cognitive impairment and neural-behavioural disorders. Particularly, for these patients, it is possible that they feel lower pleasure levels with music-based therapies.

Objective: To characterize the immediate physiological effects of listening to music during psychomotor stimulation in an old participant with combined dementia and depression disorder and in a participant with a dementia diagnosis.

Methods: Two study cases with dementia diagnosis participated in this study (P1: 84yrs; male Parkinson; FAB=9; P2: 85 yrs; female; Alzheimer; FAB=11; depression diagnosis) and were submitted to psychomotor stimulation (2 sessions). The first 20 min. of each session was dedicated to psychomotor stimulation without music (A), followed by 20 minutes with music (B). Heart rate was monitored (H10 Polar sensor) in a continuous mode. Cortisol levels were collected at the beginning of the session (T0) and then repeated at periods A and B (µg/dL). The range between minimum and maximum HR values (beats per minute- bpm) and mean values for cortisol levels were considered for the stress response analysis.

Results: Salivary cortisol levels were higher at T0 for P1 (0.393 vs 0.203). During period A, the P1 slightly decreased their values (↓0,076) and P2 had no changes. After introducing music, both P1 and P2 increased cortisol levels (↑0,085; 0,162↑). For both P1 and P2, a wide range of HR was detected during period B (P1: 13 vs 23 bpm) vs (P2: 15 vs 41 bpm).

Conclusion: Immediate responses to the music inclusion in a psychomotor intervention caused an augmented stress response in elderly participants with dementia, especially in P2. In specific, the depression diagnosis in this

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