(2) Present an illustrative case series of PWD with psychiatric comorbidities. (3) Introduce a model of care on our Behavioural Neurology Unit (BNU) for treating PWD with psychiatric comorbidities.

Methods: Our BNU is a 20-bed quaternary inpatient unit for difficult-to-treat behaviours related to dementia. Psychiatric consultation is readily available to clinicians and often times for PWD with psychiatric comorbidities. We review best practices in managing these patients. We present a case series of PWD with psychiatric comorbidities predating their diagnosis of dementia who have significant behavioural and psychological symptoms and have failed other settings.

Results: Current guidelines for PWD do not discuss the management of psychiatric and neurologic comorbidities in detail. Among 26 cases, we highlight the judicious use of anticonvulsants, lithium, clozapine, and nabilone in PWD. We also demonstrate the importance of interdisciplinary care with primary care, neurology, psychiatry, and allied health support.

Conclusions: Dementia care is challenging and requires individualized attention and interdisciplinary collaboration. These challenges are augmented when dealing with psychiatric comorbidities. We advocate for increased attention and creative solutions to address these complex cases.

P6: Strengthening Dementia Care: Advancing Through ADI Accreditation for Excellence and Acknowledgment

Author: Amalia Fonk Utomo

Background: The ADI Accreditation Programme, launched in December 2020, aims to support all Alzheimer and dementia associations and other organizations, in improving care for people living with dementia. By providing a standards-based approach to knowledge and skills, ADI establishes benchmarks that program providers must adhere to. Successful completion of an evaluation allows carers, trainers, and program providers to earn ADI Accreditation, indicating that they have reached the required global standard for their training and learning activities, including culturally appropriate context to improve care quality. ADI Accreditation is open to ADI members, as well as other organizations including universities and training colleges.

Activities: Our Global Review Panel (GRP) Members consists of multi-discipline, cultural and regional experts in the global dementia field. Successful completion of an evaluation process: initial application, evaluation report, virtual/in-person or hybrid visit from our Global Review Panel Members, the program or providers can earn ADI Accreditation. The first provider to be accredited was Kiang Wu Nursing College (KWNC) of Macau on January 25, 2021. The pilot project involved Discussions on external and internal governance, trainers and program committees, students, graduates, and other stakeholders. A 3-day virtual visit to KWNC in September, including evaluation, involved carers, trainers, students, and collaboration with other organizations and people living with dementia, followed by a final review by the Global Review Panel in October and November.

Silverado Memory Care Communities became the first program to be accredited for their Dementia Care Program on December 22, 2022. In-person visits took place on August 16-17, 2022, involving trainers, stakeholders, family members, caregivers, associates, and staff. University of Bradford in the UK became the first university in UK/Europe to be accredited their Centre for Dementia Applied Science on December 22, 2022. In-person visits took place on June 20-21 June 2023 , involving trainers, stakeholders, family members, caregivers, associates, and staff.

https://doi.org/10.1017/S1041610224001893

Wicking Dementia Research and Education Centre at the University of Tasmania received their accreditation after virtual visit on 29-30 August 2023. involving trainers, stakeholders, associates, and staff.

As of 2024 Dementia Australia Is currently undergoing the accreditation process along with some new potential opportunities.

Results: In 2 years, Kiang Wu Nursing College of Macau, Silverado Memory Care, University of Bradford and University of Tasmania received ADI Accreditation. Kiang Wu Nursing College of Macau received 5 times more applicant.

Throughout the program, there has been an increase in awareness and understanding of the importance of high-quality culturally contextualized carer training achieved through accreditation.

P7: Implementation of Cognitive Stimulation Therapy for People with Dementia in Nursing Homes in Brazil

Authors: Vitor Augusto de Mendonça Felipe, Andyara Lima Souza, Thais Caroline Alves Januario, Eliene Antonieta Diniz e Asevedo

Introduction: Dementia and cognitive impairment are major causes of admission to Nursing Homes. These conditions also lead to caregiver burden and decrease quality of life. Cognitive Stimulation Therapy (CST) is an evidence-based psychosocial intervention for people with dementia, recommended and implemented in many countries, including Brazil.

Objectives: The aim of the current study is to explore the feasibility and preliminary results of CST protocol in nursing homes for elders with cognitive impairment or dementia in Brazil.

Methods: Older adults with cognitive impairment were invited to participate in this study. Thirteen participants from two nursing homes were assessed at baseline with the Cambridge Cognitive Examination (CAMCOG), Cornell Scale for Depression in Dementia (CSDD), Pfeffer Functional Activities Questionnaire, Katz Activities of Daily Living Scale, Quality of Life in Alzheimer's Disease (Qol-AD) and Clinical Dementia Rating Scale Sum of Boxes (CDR-SOB). They were assigned to Usual Care / Waiting List and followed up for 7 weeks, being reassessed at the end of this period. Then, they underwent 14 CST sessions throughout 7 weeks and were reassessed at the end of the protocol. Repeated Measures ANOVA was selected to assess differences in time. This study was approved by the Ethics committee of the Federal University of Minas Gerais.

Results: There were no dropouts from the study, the CST protocol has shown to be feasible to be implemented in nursing homes. We found that the CST protocol had no statistically significant impact in CDR-SOB ($F = 1.21$, $p = 0.315$), CSDD ($F = 1.61$, $p = 0.221$), CAMCOG ($F = 0.914$, $p = 0.414$), but showed a statistically significant change in the Qol-AD scale ($F = 3.618$, $p = 0.042$). However, Mauchly's test of sphericity is violated, and since it may lead to increased type I error, it is still premature to define a positive outcome.

Conclusions: These preliminary results are consistent with the previous literature, suggesting that the CST could be a useful psychosocial intervention to improve the quality of life of people with dementia living in nursing homes. Nevertheless, more participants need to be enrolled to address further consistent.

https://doi.org/10.1017/S1041610224001893