

portion of outcomes will be related to health, but much of it is likely to support individual and community wellbeing and development. In this context, understanding and measuring the 'value' is timely.

A Concept Analysis (Rogers, 2000) of value in the context of community-based interventions for people affected by dementia informed a robust and systematic definition to assess the value created and/or destroyed by the WMCCSP. The research will develop definitions of value in this area from the perspective of key stakeholders including people affected by dementia.

Social Return on Investment principles will be employed to understand outcomes created and/or destroyed by the WMCCSP for stakeholders and measure them within an endogenous framework that encapsulates what is, per say, valuable. Progress on the process, challenges, and breakthroughs of this innovative and developmental approach will be presented at the conference.

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437 - The elderly and their sexuality: specific challenges and the role of the psychiatrist

Catarina Pedro¹, Beatriz Jorge², Daniela Freitas³

1. Hospital de Braga, Psychiatry Department, Braga, Portugal. e-mail: catarinap_fernandes@hotmail.com

2. Hospital de Braga, Psychiatry Department, Braga, Portugal. e-mail: bea.negocios@gmail.com

3. Hospital de Braga, Psychiatry Department, Braga, Portugal. e-mail: danielafreitas84@gmail.com

Abstract

The model of sexuality currently in force is a young, genitalized model, that does not tolerate failures and often forgets about affective communication, sharing and body contact. This model is also not compatible with the natural aging process, generating many myths about sexuality in later life.

Although a taboo subject, the majority (up to 70%) of healthy 70-year-olds revealed themselves to be sexually active even with some sexual dysfunction reports. Low sexual desire (up to 43%) was the most prevalent reported sexual difficulty in women, and erectile difficulties (up to 37%) were most prevalent among men.

Aging impacts sexuality in various ways: age-related organic/metabolic changes in men and women; age-related affective and cognitive changes also in both genders; age-and duration-related changes in a couple's dynamic interaction, which can lead to discrepancy between the partners and their sexual narratives.

In the sexual response cycle, aging affects the stages of desire, arousal/excitement, plateau, orgasm, and resolution/refractory period both men and women.

Depressed mood as well as the use of antidepressant drugs, deterioration of cognitive function and difficulties to communicate can cause loss of intimacy and emotional closeness which then may result in sexual withdrawal and difficulties. Repetitive experiences of failure increase even more the couple distress.

There are also to consider medical conditions, medication side effects, loss of physical capacity, subjective loss of attractiveness, lack of a partner, institutionalization or living with their children, which can be obstacles to sexual activity in the elderly.

Diagnostic workup has to integrate not only general medical, gynecological, urological and psychiatric factors, but also take a systemic perspective which deals with the interaction pattern of the partners. Treatment of sexual dysfunctions in later life combines biomedical interventions with psychotherapeutic and psychosocial strategies. An essential therapeutic contribution for all couples is, however, basic counseling and psychoeducation. Explaining how aging has an impact and how other individuals and couples experience these changes is an important step in empowering the couple, clarifying and correcting the sociocultural myths and encouraging the couple to build their very own sexuality.

OnDemand Poster

501 - Prediction of Mild Cognitive Impairment (MCI) progression to Alzheimer Disease (AD) or Dementia with Lewy Bodies (DLB): Is this possible neuropsychologically?

Panagiota Voskou, PhD, MD, MSc,

Objective: Aim of the present review study was to describe and compare the neurocognitive features of MCI which could predict its progression to DLB vs AD.

Background: Progression of MCI to AD or DLB is a relatively recent field of study with emphasis on the clinical or neuropsychological features of MCI which could potentially predict its progression to specific types of dementia.

Methods: A literature review in the Pubmed database has been made, after the year 2005, using the keywords: neuropsychological assessment; MCI; AD; DLB; progression to dementia. Seventeen relevant articles have been found.

Results: Data from most studies supports that, in MCI, impairment in executive, attentional and visuospatial functions, as well as letter fluency and fluctuating concentration are mainly related to progression to DLB. In contrast, prominent episodic and recognition memory deficits are mostly found in MCI which progresses in AD. Furthermore, non-amnesic MCI has been related most often to progression in DLB, whereas the amnesic type to AD, although memory loss may not necessarily predict the development of AD. Nevertheless, fewer studies suggest that MCI-DLB is related to cognitive profile similar to that of MCI-AD, while cognitive scoring alone does not accurately predict MCI-DLB vs MCI-AD. Interestingly, quantitative electroencephalogram has been found to help in predicting the progression of MCI to DLB, while preservation of hippocampal volume is associated with increased risk of DLB vs AD, especially in non-amnesic MCI. Moreover, specific patterns on neuroimaging MCI may predict progression to AD in contrast to DLB.