Objective: Bridging the gap between clinical practice and research in health care is a challenging task. Living Labs are academic practice partnerships to stress the ambition to start up a longstanding collaboration, which have been developed and implemented in the Netherlands (Verbeek et al., 2020). The "PraWiDem" ("Living Lab Dementia") project aims to adapt the Maastricht Living Lab approach to long-term dementia care in different regions in Germany.

Methods: A mixed methods approach was used to guide the adaptation of the Maastricht Living Lab. A focus group study investigated perspectives of people with dementia, informal carers and professionals on expectations and experiences concerning collaboration and networking between research and practice. A scoping review mapped international experiences in knowledge transfer practices and collaboration approaches in nursing care. Experts from the Maastricht Living Lab supported the research team in adapting the approach to the German national context. Parts of the German "Living Lab Dementia" concept were discussed with members of a recently formed research participation group of people with dementia ("experts by experience").

Results: In total, 10 focus groups and 5 individual interviews were conducted. Key themes include researchers' and professionals' skills, participation of people with dementia and informal carers, and multi-professional requirements. The scoping review identified 17 different approaches of knowledge translation and collaboration. Few approaches address the common development and implementation of knowledge and networking. Dutch experts recommend the early development of long-lasting strategies for collaboration. Experts by experience wish to participate, but traditional research methods may need to be adapted to allow their participation.

Conclusion: The "Living Lab Dementia" is currently under investigation in collaboration with institutional and community care services in three regions in Germany.

Verbeek, H., Zwakhalen, S. M. G., Schols, J. M. G. A., Kempen, G. I. J. M., & Hamers, J. P. H. (2020). The living lab in ageing and long-term care: a sustainable model for translational research improving quality of life, quality of care and quality of work. *The journal of nutrition, health & aging*, *24*(1), 43- 47.

P15: Esketamine in the elderly-is it efficient and safe?

Background: elderly patients are significantly impacted by MDD and are less responsive to treatment. ECT is used more often in older patients but has its drawbacks. There is a need for for novel antidepressants.

Esketamine, is a FDA approved novel treatment to treatment resistant depression(TRD). Studies of esketamine nasal spray administered with a newly initiated oral antidepressant in TRD aged patients 18-64 years demonstrated rapid onset versus a newly initiated oral antidepressant plus placebo, with maintenance of the treatment effects following long term intermittent dosing. Side effects are dose related, psychotomimetic dissociative, elevation in HR+BP, cognitive impairment, hepatotoxicity and inflammation of bladder endothelium.

Objective: to review the current data regarding esketimine treatment in elderly TRD patients.

Results: beside several case reports only 2 RCTs checked efficiency and safety in elderly patients.

A pilot RCT of titrated subcutaneous ketamine in older patients with TRD was conducted in 2017. 16 participants> 60 years with TRD who relapsed after remission or did not remit in the RCT were than administered an open label phase. Up to 5 doses of ketamine (0.1 to 0.5 mg\kg) were administered with midazolam as an active control, randomly inserted. 12 ketamine treatments were given in separate sessions at least 1 week apart. Remitters in

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each phase were followed up for 6 months with MADRS scale. Results provided evidence for the efficacy and safety of ketamine in treating elderly depressed. There was a significant improvement in all ketamine dosages apart from 0.1 mg/kg. 7 participants reached remission. 5/7 had relapse than entered open trial and remitted again.

Ochs-Ross, et al 2020 study,138 patients with TRD> 65 years received flexibly dosed esketamine nasal spray and new antidepressant or new antidepressant with placebo. The groups did not achieve statistical significance in MADRS score change from baseline to day 28. Patients with earlier onset of depression and younger patients (65-74) showed greater response to treatment.

Conclusion: Esketamine is safe in elderly TRD patients. There is not enough evidence to conclude if it is efficient. It seems that patients younger than 75 and with earlier onset of depression might benefit from esketamine.

P17: What happens if your colleague was the first person who notice that you have early-onset dementia?

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Objective: A national prevalence study of early-onset dementia in Japan has provided data on their challenges and support needs, as documented by the individual and their family members. This study examined differences between 1) cases that the onset of early-onset dementia was detected by work colleagues, and 2) other cases.

Methods: After identifying medical or long-term care service offices used by people with early-onset dementia in 12 regions in Japan, a questionnaire was distributed to the individuals and their family members. The items surveyed were age at the time of the survey, gender, employment at the onset, age when the initial symptoms were detected, the person who detected the initial symptoms, and consideration received at the workplace. In this report, only those who were working at the onset were included in the analysis. Next, they were divided into two groups according to whether the person who detected the initial symptoms was a colleague or not, and a chi-square test was used to compare the two groups. This study was conducted with the approval of the Ethics Committee of the Tokyo Metropolitan Institute of Gerontology and Geriatric Medicine.

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