

**Objectives:** Utilizing cultural transmission theory, the current research explored if the social and cultural perspective influences the narratives of children and younger adults of parental young onset dementia.

**Methods:** One-to-one interviews were held with children and younger adults (n = 17: 29·41% male) who currently live with (or have lived with) a parent with a formal diagnosis of young onset dementia (with various subtypes). The participants ranged in age from 14 to 33 years old ( $\bar{x}$  = 21·18 years) with n = 6 eighteen years of age or younger ( $\bar{x}$  = 16·17 years). Participant narratives were analyzed using inductive qualitative thematic analysis.

**Results:** Detailed thematic analysis of the participant narratives uncovered five main themes (with related subthemes); making sense; lack of representation; threat to the family system; life has completely changed; systemic psycho-social support and education.

**Conclusion:** It is clear from the current data that the social and cultural perspective can significantly influence the narratives of children and younger adults of parental young onset dementia. Children are faced with more responsibility, shifting roles, changing relationships, and may be forced to postpone educational or employment plans. Furthermore, the social perception of dementia as can act as a barrier to children and young adults accessing and using health and social care providers.

## **FC40: Social health and subsequent cognitive capability: examining the potential mediating roles of depression symptoms and inflammatory biomarker**

**Authors:** Jean Stafford, Serhiy Dekhtyar, Ke Ning, Anna-Karin Welmer, Davide L Vetrano, Giulia Grande, Anna Marseglia, Vanessa G Moulton, Rosie Mansfield, Yiwen Liu, George Ploubidis, Giorgio Di Gessa, Marcus Richards, Daniel Davis, Praveetha Patalay, Jane Maddock

**Objective:** Social health (SH) markers, including marital status, contact frequency, network size, and social support, have been linked with increased cognitive capability. However, the underlying mechanisms remain poorly understood. We aim to investigate whether depression symptoms and inflammatory biomarkers mediate associations between SH and cognitive outcomes.

**Methods:** We used data from waves 1-9 of the English Longitudinal Study of Ageing, involving 7,136 participants aged 50 or older at baseline. First, we examined associations between SH (wave 1) and depression and inflammatory biomarkers (C-reactive protein (CRP) and fibrinogen) (wave 2) using linear regression models. Second, we tested associations between a) SH and b) depression and inflammation with subsequent standardised verbal fluency and memory in wave 3 and change between waves 3-9, indexed using slopes derived from multilevel models. We adjusted for age, sex, socio-economic position, cardiovascular disease, basic and instrumental activities of daily living, health behaviours, and baseline depression symptoms and cognition. We will also conduct causal mediation analysis.

**Results:** All SH markers, except contact frequency, were associated with lower subsequent depression, but not inflammatory biomarkers. Greater contact frequency (e.g. once-twice a week vs <once per year:  $\beta=0.18$  [0.01, 0.36]) and less negative support ( $\beta=0.02$  [0.00, 0.03]) were associated with higher verbal fluency. Larger network size (>6 people vs none:  $\beta=0.007\text{SD}/\text{year}$  [0.001, 0.012]), less negative ( $\beta=0.001\text{SD}/\text{year}$  [0.001, 0.002]) and more positive support ( $\beta=0.001\text{SD}/\text{year}$  [0.000, 0.001]) were linked with slower memory decline, and more positive support predicted slower verbal fluency decline ( $\beta=0.001\text{SD}/\text{year}$  [0.000, 0.001]). Depression symptoms were associated with lower memory and verbal fluency, and faster memory decline ( $\beta=-0.001\text{SD}/\text{year}$  [-0.001, -0.000]) and verbal fluency ( $\beta=-0.001\text{SD}/\text{year}$  [-0.001, -0.000]). CRP was associated with lower verbal fluency ( $\beta=-0.02$  [-0.04, 0.00]), whereas fibrinogen was linked with faster memory decline ( $\beta=-0.001\text{SD}/\text{year}$  [-0.003, -0.000]).

**Conclusion:** Depression symptoms and SH showed associations with subsequent cognitive capability and change. SH was linked with lower depression, but not inflammatory biomarkers. Findings highlight the potential for depression to underpin associations between SH and cognition, a pathway which we will test using causal mediation analysis. We will also examine whether findings replicate in the Swedish National Study of Aging and Care in Kungsholmen.

## **FC41: Music-assisted reminiscence therapy: Feasibility and use in practice**

**Authors:** Romy Engelbrecht, Sunil Singh Bhar, Joseph Ciorciari

**Objective:** Reminiscence therapy is the examination of past memories to improve current mood and psychological functioning and is an evidence-based treatment for symptoms of late life psychological distress. Music is sometimes used in such therapy to prompt or enhance the recollection of memories; however, there is limited empirical research on the use and value of using music in reminiscence therapy. This presentation will discuss the findings of two studies exploring the feasibility and use of verbal reminiscence therapy (VRT) and music-assisted reminiscence therapy (MRT) from the perspectives of the older adult and the staff who care for them.

**Method:** Study one surveyed 110 Australian workers in aged care to explore the extent to which VRT and MRT were used, how such interventions were delivered and viewed, and the benefits. Study two randomly assigned 8 older adults experiencing psychological distress to a single session of VRT or MRT. Pre and post measures of affect, memory experience, and a brief satisfaction interview were collected, along with measures of treatment fidelity.

**Results:** For staff, simple reminiscence was the most frequently used approach across both VRT and MRT. Staff reported that both VRT and MRT are viewed as successful and regularly used interventions, that occur in spontaneous and creative ways in response to older clients' needs. Staff reported outcomes such as enhanced social connections, improved affect and mood, and better care practices. Older adults reported that that VRT and MRT were equally acceptable and well tolerated. A pre-post pattern of improvement was observed for affect following VRT, and particularly MRT, suggesting both as promising interventions. MRT resulted in higher scores on