

demographics.

Results: APOE ϵ 4 carriers had 50% lower scores of SVLT_delayed recall compared to non-carriers (0.88 ± 1.65 vs 1.76 ± 1.75). However, APOE ϵ 4 carriers performed better on other cognitive tests than non-carriers (K-BNT (11.04 ± 2.55 vs 9.66 ± 2.82), RCFT (25.73 ± 8.56 vs 20.15 ± 10.82), and Stroop test_color response (48.28 ± 26.33 vs 31.56 ± 27.03)). APOE ϵ 4 carriers had slightly smaller hippocampal volume than non-carriers (3.09 ± 0.38 vs 3.32 ± 0.38), but greater total brain cortical thickness (1.45 ± 1.55 vs 1.37 ± 1.24).

Conclusions: We found that APOE ϵ 4 genotype is associated with cognition, brain volume in AD, suggesting that APOE ϵ 4 genotype can play a very important role in the underlying pathogenesis of AD.

P209: Psychological therapies for depression in older adults residing in long-term care settings: Are they effective?

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Objectives: This systematic review and meta-analysis aimed to (1) assess the effectiveness of psychological therapies for depression in older people living in long-term care (LTC) settings, and (2) investigate differences in effectiveness between types of psychological treatments.

Methods: We included randomised controlled trials (RCTs) with participants aged 65 years and older. Participants were required to present with (a) major depressive disorder (MDD) or (b) symptoms of depression based on a score over a cut-point on a validated depression measure. The study setting was LTC facilities, including nursing homes, assisted-living facilities, and residential aged care facilities, where some level of day-to-day care was provided by staff employed in the facility. Treatments were grouped and classified as cognitive-behavioural therapy, behaviour therapy, or reminiscence therapy.

Results: The literature review identified 19 studies for the qualitative synthesis: 18 were included in a meta-analysis. Results indicated a benefit for psychological treatments on depressive symptoms at end-of-intervention (standardized mean difference (SMD) -1.04 , 95% CI -1.49 to -0.58 ; 18 trials, 644 participants), and at a medium-term follow-up (SMD -0.43 , 95% CI -0.81 to -0.06 ; 8 RCTs, 355 participants), but not in the longer-term (SMD -0.16 , 95% CI -0.58 to 0.27 ; 2 RCTs, 92 participants). There was no difference in outcomes between therapy types.

Conclusion: This systematic review demonstrated positive impacts of psychological therapies on symptoms of depression in older people living in LTC, both immediately after therapy and in the medium term, but longer-term impacts were not demonstrated.

P211: Quality of Life and participation in society of elderly people with aphasia

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