

**Methods:** 93 dyads of patients diagnosed with AD, where 60 (64.5%) dyads had Late-onset AD (LOAD) and 33 (35.5%) dyads had Young-onset AD (YOAD). Patients were assessed for: quality of life (QoL), disease awareness, and depression. Caregivers were assessed for: resilience, depression, anxiety, burden, and QoL. Additionally, caregivers provided information about mood, neuropsychiatric symptoms, dementia severity, and patients' activities of daily living.

**Results:** Caregivers showed moderate levels of resilience, with an average score of 140 (SD = 13.20), moderate level of burden 28.94 (SD = 14.74), low level of anxiety 7.56 (SD = 7.44), and low level of depressive symptoms 8.17 (SD = 6.34). Patients had an average cognition score of 18.81, 63.4% had mild dementia, low depression index 8.02 (SD = 5.78), low index of neuropsychiatric symptoms 16.11 (SD = 14.47), and partially compromised disease awareness 9.06 (SD = 5.12).

**Conclusions:** No relationship was found between caregivers' resilience and patients' clinical condition, indicating that resilience seems to be associated with caregivers' individual characteristics. Interventions such as psychoeducational groups, behavioral or religious counseling, may stimulate or develop resilience characteristics in caregivers who exhibit avoidance or denial behaviors regarding the patient's diagnosis.

**Keywords:** resilience, Alzheimer's, caregivers

### **P3: Analysis of the different coping styles adopted by caregivers and their relationship with the manifestation and intensity of psychological and behavioral symptoms in patients with young-onset Alzheimer's disease**

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**Introduction:** Young-onset AD (YOAD) affects people aged 65 years old or younger with greater initial loss of cognitive abilities, more significantly on attention, visuospatial function, motor- executive functions, and language.

**Methods:** 30 dyads, People with AD – caregivers, were evaluated. People with YOAD were assessed for: disease awareness, and depression. Caregivers were assessed for: depression, anxiety, coping, and burden. Additionally, caregivers provided information about mood, neuropsychiatric symptoms, dementia severity, and patients' activities of daily living.

**Results:** Caregivers showed moderate level of burden 38.94 (SD = 14.74), low level of anxiety 9.11 (SD = 9.8), moderate level of coping strategies 65.71 (SD = 11.7), and mild level of depressive symptoms 10.72 (SD = 8.8). People with AD had an average cognition score of 15.27, 50% had moderate dementia rating (CDR=2), mild depression index 12.35 (SD = 5.4), moderate index of neuropsychiatric symptoms 36.2 (SD = 23.3), and partially compromised disease awareness 9.06 (SD = 5.12). Coping strategy total score of caregivers was positively correlated with their cognition. Problem-focus is positively correlated with caregivers' years of education, cognition and inversely correlated anxiety. The coping strategies were not correlated with the clinical variables of people with YOAD. Dysfunctional and emotional- focus did not have significant correlations with the clinical variables of people with YOAD or their caregivers.

**Conclusions:** Most caregivers, likely experiencing significant disruption in their personal lives, were similar-aged spouses to people with AD. Problem-focused coping strategies appear effective for caregivers, indicating that better cognitive health and higher education levels may enable them to use planning and active coping strategies to manage dysfunctional behaviors. Self-distraction was observed as a dysfunctional coping strategy, suggesting an association with anxiety and depression in caregivers, though our results do not confirm a causal relationship. Future studies with larger dyads samples should explore the relationship between coping strategies, clinical variables in patients with YOAD, and their caregivers, aiming to develop interventions to assist caregivers more effectively.

**Keywords:** Coping, caregivers, Young-onset Alzheimer's disease

#### **P4: Why Doesn't Grandma Remember Me? Exploring the World of the Brain and Memory through Educational Activities and Cognitive Stimulation**

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**Introduction:** This book aims to help children grasp the concept of Alzheimer's disease and its impact on our loved ones using simple, accessible language and engaging educational activities.

**Methods:** The information will be presented using themes that capture children's interest, such as magic and superheroes, and will be reinforced through activities including word searches, code-based tasks, synonym games, word syllable exercises, planning activities, scrambled words, word puzzles, basic math problems, open-ended questions, and Discussions about grandparents. It will address potential behavioral changes like forgetfulness, confusion, and agitation, and provide suggestions on how to cope, such as remaining calm, offering comfort, paying attention, and communicating clearly and simply. Throughout the book, the significance of family bonds will be emphasized, encouraging care and affection to strengthen connections. Even if a person with Alzheimer's doesn't recognize the child, they can still feel the love and support.

**Conclusions:** This book promotes values of respect, inclusion, and patience in the face of Alzheimer's disease, underscoring the importance of empathy and understanding regardless of the challenges it presents.

**Keywords:** Alzheimer's Awareness, Child-Friendly Education, Cognitive Stimulation, Family Connection

#### **P5: Managing patients with dementia and comorbid psychiatric disorders: a literature review and case series**

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**Objectives:** Patients with dementia (PWD) benefit from interdisciplinary care. Depression is a well-known risk factor for the progression of neurocognitive impairment and dementia; other psychiatric disorders (i.e. anxiety, post-traumatic stress disorder, bipolar disorder, psychotic disorders) also may confer an increased risk for dementia. PWD may also present with behaviours and psychological symptoms that overlap with psychiatric disorders. Our aim is threefold: (1) Review the current literature on managing psychiatric comorbidities in PWD.