

a neurodegenerative syndrome, caused by the progressive accumulation of plaques of amyloid beta proteins and tau proteins, which has no cure and eventually leads to death (Alzheimer's Association, 2018). Support for people living with dementia, such as support groups, provides spaces in which they can feel free of stigma, understood, in safe environments and receive cognitive stimulation that contributes to their quality of life (Yale, 1995). The scarcity of information about the care preferences, available activities and rights of people living with dementia in Puerto Rico is a very under-researched area that could benefit the quality of life of said population (Vega, J., 2013). The present study, under the qualitative narrative life research approach, sought to address the experiences of people with Alzheimer's Disease (AD) in the initial stages. The theoretical framework derived from the study on support groups for people with dementia by Yale (2009) and Frankl's Logotherapy theory (2003) was used. The interviews, via virtual means, were carried out with six individuals chosen under the clinical criteria of a neurologist specializing in AD in a memory clinic in the metropolitan area of Puerto Rico. Through the administration of semi-structured questionnaires and the subsequent analysis of the counts, the need for additional services to those already available for said population was identified.

### **FC32: Consultant characteristics and care pathways in a Memory Unit in Chile.**

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**Summary:** Specialist Memory Clinics play a crucial role in evaluating individuals suspected of dementia. While these clinics have long been established in developed economies, their introduction has only recently begun in developing countries. In Chile, Memory Clinics were implemented as part of the Chilean Memory Plan and the inclusion of dementia in the General Regime of Explicit Guarantees in Health. This legal framework ensures access to diagnosis and treatment for patients with dementia. The Chilean system prioritizes primary care, with specialist care reserved for cases where diagnosis or treatment cannot be adequately addressed at the primary care level. As a result, Memory Units serve only a subset of diagnosed dementia patients. So far, there is a lack of studies on the clinical profiles of patients evaluated in memory clinics and resource utilization.

**Objectives:** This study aims to comprehensively describe patient demographics and clinical characteristics while examining the frequency of evaluations needed about their specific diagnoses and comorbidities.

**Methods:** We analyzed the total number of consultations, considering the primary diagnosis and any comorbidities present. Clinical records were managed using a customized web platform software, which enabled the healthcare team to document all patient interactions, including appointments, medication prescriptions, and care coordination.

**Results:** CMYN received 1,220 patients (57% women) and 36 caregivers in the first five years. Among the patients,

222 (20%) had mild cognitive impairment, while 622 (57%) had dementia, with 48% diagnosed with Alzheimer's disease dementia and 58% with other types of dementia. More than 75% of patients had less than ten consultations. Patients with dementia had more consultations than those without, as presented in Table 1.

**Conclusions:** The recent establishment of Memory Clinics in developing countries addresses a crucial gap in specialist care for dementia patients. In our experience, the diagnosis and the number of comorbidities may predict the level of interventions patients require. A more comprehensive understanding of the patient profile and their needs will assist in tailoring resources for implementing memory clinics and estimating the cost of care. Further studies need to address the characteristics of patients that require specialist-level attention.

### **FC33: Attitudes of Primary Care Physicians towards Cognitive Impairment-Dementia. A survey in Galicia, Spain**

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**Introduction and Objectives:** Cognitive impairment-dementia is an increasing health concern with a major economic and social impact. This study aims to examine how it is currently approached in primary care practices in the Autonomous Community of Galicia, Spain.

**Methods:** A working group was formed between two scientific societies, which developed a survey that was sent online to 2206 primary care doctors, subsequently analysing the responses received.

**Results:** A total of 124 primary care doctors (5.3%) responded to the survey, 69.4% of which were women, with a mean age of 54 years. Out of these doctors, 92 (80%) have been working for more than 10 years, 30 (24.2%) have never received any training on the topic of study and only 31 (25%) have received some training in the last 5 years. The initial complaint derives from close relatives (76.6%) and this complaint usually entails memory problems (59.7%). The screening test used by 77.4% of the professionals is the MMSE with a higher prevalence among younger doctors ( $p$ -value 0.04). In the case of suspected cognitive impairment, doctors perform a cognitive assessment scale (96%), order a blood test (83.9%) and perform functional assessment scales (77.4%). They do so on a scheduled basis (79%). In total, 42.7% recognise that they reach the diagnosis in moderate dementia stages, hindered as a result of care-based reasons (66.9%). Doctors have difficulties in detecting the pathology associated with cognitive impairment in 52.4% of cases. In dementia management, 66.1% have difficulties in providing caregiver support and 42.7% with pharmacological treatment. In cases of advanced dementia, the problem is the lack of support from social services (47.6%), hospital specialists (45.2%) and the difficulty of pharmacological treatment (43.5%).

**Conclusions:** Primary care doctors report that the main barriers in the care for cognitive impairment-dementia are: training, healthcare organization, social, management of specific dementia treatments and associated pathologies and coordination with hospital care.

**Key words:** Primary care, cognitive impairment, dementia, screening, survey, attitudes