

S22: Social Connectedness, Ageing and Mental Health in Doctors

Being a doctor is tough, especially in a post-pandemic world. Never has the field of doctors' health been so stretched by need. Senior doctors, and medical leaders in particular, have been particularly taxed, as have their families. Unpacking some of the insights gleaned about medical leadership and wisdom in medicine, and conversely when this is lacking, is important for the sake of patients and doctors alike. In this symposium we will address new perspectives in doctors' health tailored to this new healthcare world. Topics include: (i) Systemic interventions to support senior medical leadership; (ii) Wisdom in medicine; (iii) The dysfunctional or disruptive physician in healthcare; (iv) Senior doctors and their families; (v) Medical retirement in a post-pandemic world. Strong audience participation will be encouraged in this symposium.

Free/Oral Communications

FC1: Effect of Transcranial Direct Current Stimulation (tDCS) on Left Dorsolateral Prefrontal Cortex (DLPFC) in Dementia with Lewy Bodies (DLB)

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Introduction: tDCS application to the DLPFC is associated with the improvements of executive function, memory enhancement, language, processing speed, global cognitive symptoms and apathy over time after treatment. DLB is the second most common form of degenerative dementia. There is no FDA-approved medications that can slow, stop or improve the progression of cognitive declines in DLB. Identifying effective treatments is a critical issue for DLB. In neuropathology, extracellular α -syn oligomers interfere with the expression of long-term potentiation (LTP), and influence memory and learning. tDCS has been proposed to affect long-term synaptic plasticity through LTP and long-term depression, thereby improving cognitive ability. So far, only two studies have evaluated the effect of tDCS in DLB. In this pilot study, we investigate the effect of tDCS on left DLPFC in DLB.

Method: Fourteen DLB aged 55-90 years (mean age 76.4, with 4 males and 10 females) were included in a double-blind, randomized, sham-controlled cross over design study. DLB diagnostics is according to DSM-5 criteria. CDR ratings for DLB participants ranged from 0.5 to 2. The active tDCS (or sham) process consists of daily sessions of active tDCS (or sham) for 10 consecutive days. The anodal electrode was placed over the left DLPFC and the cathodal electrode was placed over the right supraorbital area, with a current intensity of 2 mA and an electrode size of 25 cm² for 30 min in a session. Before and after these treatment sessions, all subjects received a series of neuropsychological tests, including CDR, MMSE, CASI, NPI and WCST. Chi-square test, Wilcoxon signed ranks test and Mann-Whitney U test were used to assess differences in participant demographic characteristics and to compare differences among groups.