[c]Department of Psychiatry, National Hospital Organization Osaka National Hospital, Osaka, Osaka 540-0006, Japan
[d]Department of Behavioral Neurology and Neuropsychiatry, Osaka University United Graduate School of Child Development, Suita, Osaka 565-0871, Japan
[e]Department of Psychiatry, Medical Corporation Seiwakai Hanwaizumi Hospital, Izumi, Osaka 594-1151, Japan
[f]Department of Psychiatry, Osaka Psychiatric Medical Center, Hirakata, Osaka 573-0022, Japan
[g]Department of Neuropsychiatry, Kindai University Faculty of Medicine, Osaka-Sayama, Osaka 589-0014, Japan

Conflict of Interest and Disclosure Statement
The authors declare no conflicts of interest associated with this manuscript.

Objective: The present study aimed to compare the social function between mild cognitive impairment (MCI), mild Alzheimer's disease (AD) dementia, and mild dementia with Lewy bodies (DLB) using the Japanese version of Social Functioning in Dementia scale (SF-DEM-J).

Methods: We interviewed 103 patients and family caregivers from June 2020 to March 2021: 54 patients with MCI, 34 with mild AD dementia, and 15 with mild DLB. We compared the caregiver-rated SF-DEM-J, Clinical Dementia Rating (CDR), MMSE, age, length of education, Geriatric Depression Scale (GDS), the University of California, Los Angeles Loneliness Scale (UCLA-LS), Neuropsychiatric Inventory (NPI), and informant version of the Apathy Evaluation Scale (AES) between MCI, mild AD dementia, and mild DLB groups using Kruskal-Wallis test with Dunn-Bonferroni correction for post-hoc analyses. We compared sex, living situation, and caregiver demographics between three groups using chi-square test. We performed correlation analysis between the score of each psychological test and the scores of SF-DEM-J within group using Spearman's rank correlation coefficient.

Results: For SF-DEM-J, the score of section 2 (communicating with others) was significantly worse in mild AD dementia than in mild DLB. The scores of section 1 (spending with others) and section 3 (sensitivity to others) and the total score did not significantly differ between three groups. The score of section 1 was significantly associated with MMSE in MCI, with anxiety and disinhibition of NPI, and AES in mild AD dementia, and with GDS in mild DLB. The score of section 2 was significantly associated with AES in MCI and mild AD dementia, with UCLA-LS in MCI, and with the length of education in mild DLB. The score of section 3 was significantly associated with agitation and irritability of NPI in MCI and mild AD dementia. The total score was associated with UCLA-LS and AES in MCI, and with AES in mild AD dementia.

Conclusion: Factors affecting social functioning differed between MCI, mild AD dementia, and mild DLB. Apathy, agitation and irritability affected social functioning in MCI and mild AD dementia while depressive mood affected social functioning in mild DLB.

P194: A comparison study between AD8 and modified AD8 for dementia screening

Authors: Tzung-Jeng Hwang[1], Cho-Hsiang Yang[1]

[1]Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan

Objective: The 8-item Informant Interview to Differentiate Aging and Dementia (AD8) was developed as a screening tool for dementia with a cutoff of 2 suggested by the initial study. However, various studies found different cutoff values, and many suggested a cutoff of 2 might result in a high false positive rate. A higher false positive rate in Taiwan was repeatedly shown when AD8 was self-administered in local government screening

programs. We have developed a modified version of AD8 (m-AD8) with the purpose of enhancing its specificity. This study aimed to compare the performance of AD8 and m-AD8.

Methods: The m-AD8 consists of all items adapted from the original AD8. Modifications included: (1) limiting the evaluated period to the past year instead of the past several years, (2) reselecting examples to reflect the socio-cultural context in Taiwan, and (3) rearranging the order of questions according to their complexity. We recruited 118 participant-informant dyads from a university teaching hospital. For each informant, the AD8 was administered first and then the Clinical Dementia Rating (CDR) to minimize contamination effect. The m-AD8 was administered 7 days later. Two geriatric psychiatrists made the final consensus DSM-5 diagnosis for each subject after considering all clinical information, including history, Mini-Mental State Examination (MMSE), CDR, and, if available, other past neuropsychological tests and neuroimaging.

Results: There were 59 subjects with normal cognition, 28 with mild neurocognitive disorder, and 31 with dementia (major neurocognitive disorder). When comparing dementia vs. non-dementia, the optimal cutoff value was 4 for both versions according to the Youden index. The AUC, sensitivity, and specificity were 0.893, 0.774, 0.862 for AD8, and 0.883, 0.741, 0.954 for m-AD8, respectively. The m-AD8 showed improved specificity, which was also true when the cutoff value was set as 2 or 3.

Conclusion: The optimal cutoff value for both versions was 4. The modification may change the performance of AD8 with improved specificity. These findings suggest that, depending on different situations, AD8 with a cutoff value higher than 2 may perform better in dementia screening.

P196: The effects of individual music therapy on well-being of nursing home residents with dementia: study protocol of a randomized controlled trial

Authors: Vanusa M. Baroni Caramel*[1,2], Jenny T. van der Steen[3,4], Annemieke C. Vink[5], Sarah I.M. Janus[1], Jos W.R. Twisk[6], Erik J.A. Scherder[2] and Sytse U. Zuidema[1]

Background: Dementia is often associated with Neuropsychiatric Symptoms (NPS) such as agitation, hallucinations, anxiety, that can cause distress for the resident with dementia in long-term care settings and can impose emotional burden on the environment. NPS are often treated with psychotropic drugs, which, however, frequently cause side effects. Alternatively, non-pharmacological interventions can improve well-being and maintain an optimal quality of life (QoL) of those living with dementia. Music therapy is a non-pharmacological intervention that can reduce NPS and improve well-being of persons with dementia.

Objective: The main aim of this study is to assess the effects of individual music therapy on well-being controlled for providing individual attention in nursing home residents with dementia and NPS.

Methods: The research is conducted at eight facilities of one nursing home organization in the Netherlands. The participants in the intervention group receive 30 minutes of individual music therapy (MT) in their own room by a music therapist twice a week for 12 weeks. The participants in the control group receive 30 minutes of individual attention in their own room by a volunteer twice a week for 12 weeks. Assessments will be done at baseline, 6 weeks and 12 weeks. An independent observer, blinded for the intervention or control condition, assesses directly observed well-being (primary outcome) and pain before and after the sessions. Nurses assess other secondary outcomes unblinded, i.e., perceived quality of life and NPS assessed with validated scales. The sleepy duration is will be assessed by a wrist device called MotionWatch. Information about psychotropic drug use is derived from electronic medical chart review.