

P45: Feasibility evaluation an eHealth intervention to support holistic assessment and decision making for people with dementia in care homes

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Background: Most individuals with dementia in the UK die in care homes. 70% of these are residential, relying on external healthcare professionals to manage the complex needs. eHealth can help facilitate the delivery of holistic care in care homes, yet adoption has traditionally been faced with resistance. Innovative approaches employing Methods from implementation science are required to promote the uptake of eHealth in care homes.

Aim: To evaluate the feasibility of a theoretically-informed co-designed implementation plan for an eHealth intervention to support holistic assessment and decision making for people with dementia in care homes and their family carers, and to identify opportunities to strengthen it.

Methods: An embedded mixed-Methods study conducted in two residential care homes. Qualitative data comprised non-participant observations of the intervention in use, focus groups and semi-structured interviews with care home staff. Data was analysed using a codebook thematic analysis underpinned by the Normalisation Process Theory. Quantitative data included app usage data and two implementation measures, analysed using descriptive statistics. Patient and public involvement informed development and conduct of the study.

Results: 20 care home staff across two care homes used the intervention with 26 residents. Whilst there was some evidence of adoption, reach within the care home and feasibility of its implementation, usage data indicated that the intervention was largely not utilised as intended. Whilst there was sufficient coherence around the intervention, staff faced barriers related to collective action including workload and incompatibility with practice. Reflexive monitoring was therefore low as individuals could not appraise its impact, which compromised staff cognitive participation. Revisions to the plan related to strategies to provide further staff support, including encouraging family involvement and a more tailored approach to training.

Conclusions: Evaluating feasibility of the implementation plan of the intervention was a vital step in its development. Rapid evaluation and iterative response to barriers to use informed learning and allowed for real-time adjustments to implementation strategies, and a set of updated recommendations for use. Further collaboration on the revised strategies with people living with dementia and their family carers is required.

P46: Language + Lexicon: Unique Perspectives on the Stigma Surrounding Alzheimer's Disease from the Latino Community

Author: Mary Chi Michael

Objectives: To better understand the unique experience and stigma surrounding Alzheimer's disease and related neuropsychiatric symptoms. Particularly from the perspective of care partners and individuals living with the disease who are members of the Latino community.

Methods: This project captures stories from individuals representing Latino communities based in the United States. Our qualitative primary research consisted of multiple one-on-one interviews with more than 12 people living with dementia and care partners. Secondary research included a literature review on the community's experiences. Interviews were led by a member of the Latino community, with our research team on "listen only" mode.

Results: There are notable differences in how communities talk about Alzheimer's – including identifying early symptoms; conversations with families, communities, and HCPs; and determining pathways for care and treatment. From our conversations with members of the Latino community we heard statements like, "I did not want to tell anybody about my diagnosis. I felt I would be looked upon in a negative way" and "I didn't know anything about Alzheimer's. My uncles and aunts from the ranch and 'said no, no, it doesn't exist, it's all in the mind or something like that.'" All underscore the sweeping implications of history, stigma, bias, and culture on how diverse communities experience and respond to Alzheimer's and care. The resulting impact of these perspectives can lead to delayed diagnosis, reluctance to seek treatment, and a lack of a support system for care partners. However, we also heard stories of how individuals are using their unique experiences to educate those around them. For instance, we heard the importance of educating younger family members to break the cycle of stigma; "In the Latino community, households are often multigenerational, so it's important to educate kids on what's happening to grandma or grandpa, or even mom or dad."

Conclusions: It is imperative to understand and bring attention to the realities of diverse and underserved communities who disproportionately experience stigma and discrimination. This will allow for a more nuanced, community centered approach to raise awareness of Alzheimer's and the related symptoms, ultimately improving access to care and treatment for families.

P47: Prevalence of suicide among elderly people in Brazil

Authors: Raquel F. Gonçalves, Keila CT Cruz, PhD

Introduction: The elderly population presents aggravating factors for the risk of suicide that must be considered. In this sense, it is known that there is a tendency for elderly people not to reveal suicidal ideation and to make highly self-destructive attempts. Furthermore, poorly planned retirement, social isolation, death of a spouse, family and friends can make this situation worse. However, few studies address this topic and public policies regarding suicide among the elderly are still scarce.

Objectives: To analyze the prevalence of suicide among elderly people in different regions of Brazil between 2019 and 2021.

Methods: Quantitative, descriptive and exploratory, cross-sectional study. For collection, the DATASUS database was used, based on information regarding the cause of intentional self-harm codes X60 to X84, based on the 10th revision of the International Statistical Classification of Diseases and Related Health Problems.

Results: It was observed that in Brazil, among elderly people of both sexes, the highest suicide rates are found in the age group of 60 to 69 years, with the general proportion of suicides being higher in the male population. Furthermore, the Southeast Region had the highest number of notifications, while the North Region of the country had the lowest. The age group equal to or greater than 80 years, presented the highest number of cases in the South Region.