

Methods: A qualitative analysis was performed of 60 dementia MAID case summaries as published online by the Dutch euthanasia review committees between 2012 and 2021: 20 cases had an advance directive and were decisionally compromised at time of MAID, 40 patients were decisionally competent at time of MAID, of which 20 also had an advance directive (purposive sampling). Two researchers independently coded all text related to decisional competence (thematic analysis). A theoretical framework about the assessment of decisional competence was developed.

Results: The four cognitive criteria of Appelbaum and Grisso were dimensional, and cut-off points were influenced by six factors that also directly impacted on competence assessment, i.e. level of communication, psychiatric comorbidity, personality, presence of an advance directive, consistency of the request, and the patient-physician relationship.

Conclusions: The framework illustrates the complex multidimensional nature of assessment of decisional competence in dementia patients requesting MAID. Subjectivity of the final judgement poses ethical and legal issues and argues for continuous quality improvement processes.

FC29: Assessing physical activity's impact on dementia occurrence among older adults in Brazil: Evidence from the ELSI-Brazil Study

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Objectives: The primary aim of this study is to assess the relationship between different aspects of physical activity (PA) and dementia occurrence in older adults from Brazil.

Methods: It is a secondary analysis of the first wave data derived from the ELSI-Brazil study, a longitudinal study of aging in Brazil with a representative sample of Brazilians aged 50 years and older ($n = 9,412$). We employed two distinct approaches to assess PA. First, participants' levels of PA were classified in low, moderate and high based on their reported physical exertion over the preceding seven days at the time of interview. Also, PA was classified as sufficient or not sufficient, according to the World Health Organization (WHO) recommendation. Dementia was defined as those who were 60 years and older, had a cognitive performance ≤ 1.5 z-score compared to a sub-sample defined as control-group, and also had an impairment in instrumental activity of daily living. Logistic regression was used to estimate the association between physical activity and dementia (crude and adjusted for age, gender, schooling, marital status, smoking and alcoholconsumption).

Results: After excluding those younger than 60 years old and had missing data to any of the variables analyzed, our sample was composed by 4,994 individuals (table 1), with a mean age of 69.7 (SD = 7.5), 4.7 years of schooling (SD = 4.3) and 214 (4.1%) classified as living with dementia. We also found that higher levels of PA were associated with lower occurrences of dementia (table 2) (moderate OR 0.57 95% CI 0.37 – 0.90, $p < 0.05$; high OR 0.32 95% CI 0.19 – 0.56, $p < 0.001$). Also, practicing the level of PA recommended by WHO had an inverse association with dementia (table 3) (OR 0.49 95% CI 0.30 – 0.79, $p < 0.05$).

Conclusions: The main limitation of our study is its cross-sectional nature. Therefore, we cannot determine the direction of relationships between variables. Our findings show a significant inverse association between levels of PA and dementia occurrence. Additionally, adherence to the WHO's recommendation for PA also showed a

significant inverse association with dementia occurrence. These results underscore the importance of promoting regular physical activity as a potential preventive measure against dementia among older Brazilian adults.

FC30: Bridging the gap: an estimate of undetected dementia in Brazil and differences between genders, age groups and regions.

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Objectives: Despite the increasing number of people with dementia (PWD), detection remains low worldwide. In Brazil, PWD is expected to triple by 2050, and diagnosis can be challenging, contributing to high and growing rates of underdiagnosis. At the moment, there is no national estimate of the under detection or characteristics of its distribution according to gender, age and region. We aimed to estimate the proportion of PWD not diagnosed in relation to the estimated number of PWD.

Methods: The number of diagnosed individuals were estimated based on national records of the prescription of anticholinesterases drugs (AChE) in 2022 for the treatment of mild and moderate stages of Alzheimer's Disease (AD) held by the Unified Health System (SUS). Data were obtained from <ftp://ftp.datasus.gov.br> and drugs were dispensed according to the national clinical protocol. Studies from the national literature were consulted to estimate: (i) the number of people currently diagnosed with mild and moderate AD; (ii) the proportion of those who obtain AChE from SUS; (iii) the proportion of those who do not take AChE; and (iv) the proportion of AD related to other dementias. We assumed that the under-detection rate of AD would be similar to other dementias and 70% of the diagnosed AD individuals obtain AChE from SUS.

Results: More than 80% of the PWD 60+ are undetected (88.7%, 95% CI = 88.6–88.7). The poorest regions had higher rates (94.6% 95%, CI = 94.5–94.6) than the richest (84.8%, 95% CI = 84.7–84.8). Men had higher rates (89.8%, 95% CI = 89.7–89.9) than women (87.4%, 95% CI = 87.4–87.5). The youngest age group (60–64) had the highest rate (94.6%, 95% CI = 94.5–94.7) which decreased until 85–89 (84.3%, 95% CI = 84.2–84.4), before increasing again to 91.1% (95% CI = 91.0–91.2) among 90+.

Conclusions: Dementia under detection in Brazil is among the highest in the world. Fast populational aging and the highest rates among the youngest individuals are of concern as it may be related to late diagnosis. Gender and regional disparities also need to be considered when developing health policies.

FC31: Experiences And Meanings of Alzheimer's Diagnosis In The Early Stage In Puerto Rico

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Summary: Studies suggest that people in the early stages of Alzheimer's dementia (AD), a disease first described in 1906, do not have sufficient support to cope with the disease process after a diagnosis (Solomon, 2016). AD is