Results: 48 patient-carer dyads were recruited from the discharge program, with 35 pairs (73%) successfully completed both pre-and-post IDSP interviews. 68.6% of the discharged elders had no hospital readmission during the 8-week in IDSP. While there were statistically significant improvement in ADL, IADL ($p<0.001$), the environment domain of WHOQOL($p<0.05$), and 3 other domains measured by the Health Status Questionnaire (HSQ-12), namely social functioning, role limitation due to mental health and level of fatigue ($p<0.05$) among the patient group, there was only one outcome variable – the environment domain of WHOQOL showed significant improvement ($p\leq0.01$) among carers. Focus group discussions also highlighted the importance of using a family-based approach in providing discharge support.

Conclusion: This Discharge support program which emphasizes hospital-community collaboration seems beneficial to older patients' timely recovery and smooth transition back to community.

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P100: Education level is associated with neuropsychiatric symptoms in patients with amnestic-mild cognitive impairment

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Objective: We aimed to examine differences in the severity of neuropsychiatric symptoms (NPS) subsyndromes according to education level among patients with amnestic-mild cognitive impairment (a-MCI) and to identify patient demographics related to NPS subsyndromes.

Methods: Overall, 140 patients with a-MCI were included. We divided the patients into three groups according to their educational level (primary education, middle education, and high education) and compared their demographics. To explore the severity of NPS subsyndromes according to educational level, we used the Neuropsychiatric Inventory-Questionnaire (NPI-Q) after adjustments for the Mini-Mental State Examination (MMSE) score. Finally, NPS subsyndromes that were identified as being related to educational level were further explored using a general linear model (GLM).
Results: Significant differences in several demographics were observed among the three groups. Among the NPS subsyndromes, the scores for aggressiveness were significantly higher in the primary and high education groups than in the middle education group, while the apathy/eating problem scores were significantly higher in the primary education group than in the other groups. The GLM analyses showed that aggressiveness was related to marital status and the Zarit Caregiver Burden Interview (ZBI-J) score, while apathy/eating problems was related to the instrumental activities of daily living (IADL) percentage, the ZBI-J score, and the education level in years.

Conclusion: Among NPS subsyndromes, aggressiveness and apathy/eating problems differed according to education level in patients with a-MCI. A GLM analysis suggested that not only education level, but also various other factors should be considered when determining the need for NPS interventions.

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