**P4-546** UNDERSTANDINGS OF DEMENTIA IN PAKISTAN: A PROJECT PROPOSAL

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**Background:** Dementia has become a global health priority, especially in resource constrained low-and-middle-income countries where the speed of population ageing is faster. It is important that a diagnosis is made as early as possible, but contact with services can be delayed if individuals do not recognise the symptoms of dementia. A further barrier to seeking help is the stigma associated with dementia. This highlights a need for increased awareness of understanding and beliefs about dementia across cultures. In Pakistan dementia is often believed to occur as a part of normal ageing process, secondary to traumatic events or stressors, or physical weakness. Research is needed in Pakistan to identify people’s understanding of dementia so as to advocate for the most effective policies and to provide services to people with dementia and their caregivers. The research has been funded by Age International, Age UK, Alzheimer’s Disease International, and HelpAge International. **Methods:** Qualitative data collection will be carried out in Pakistan with four different groups: (i) people with a diagnosis of mild dementia (n=20); (ii) people who provide unpaid care for someone with dementia (n=20); (iii) people who have no experience with dementia (n=40); and (iv) key stakeholders (n=6). Interviews and focus groups will examine the cultural beliefs, attitudes, views and understanding of dementia. Key stakeholders will be interviewed to understand how the health policy priorities identify dementia and what plans of actions may already be in place. The data will be collected in two major metropolitan cities in Pakistan: Karachi and Lahore, allowing comparison across two regions of Pakistan with different socio-demographic profiles. The emphasis of this study will be to ensure that the people living in Pakistan, with and without dementia, have a voice in its development and interpretation of findings. The scientific team will include dementia experts from Pakistan and the United Kingdom. **Results:** Data will be collected in 2017. **Conclusions:** It is hoped that the findings will inform policies and programmes to raise awareness of dementia and provide better healthcare and support services for people with dementia and their families in Pakistan.

**P4-547** PERSON-CENTRED COMMUNICATION AND THE CARE OF PEOPLE WITH DEMENTIA: EXPLORING THE PERSPECTIVES OF MEDICAL STUDENTS IN THE UNITED KINGDOM AND MALAYSIA

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**Background:** Person-centred communication (PCC) is the approach to interaction most favoured in health policy and educational guidance over recent years in the care of people with dementia (PWD), particularly in the global ‘west’. It is, however, under-theorised, and the extent to which it is applicable to care in different contexts is underexplored. This international study investigated the views of medical students regarding the applicability of a new author-developed PCC model – the Dementia Model of Effective Communication (DEMEC) – to the care of PWD. Our specific aim was to provide internationally and transculturally relevant information comparing the views of undergraduates in different year groups, and in two culturally-contrastive national locations. **Methods:** The study had a mixed methods design, triangulating quantitative survey data with qualitative interview data. Students in the UK and Malaysia (N = 618), following the same undergraduate medical education curriculum, completed a Dementia Communication Questionnaire: subgroups of students then took part in focus groups (N = 39) or in individual interviews (N = 10) in each location to discuss issues arising. **Results:** Findings indicated a general acceptance, across the year groups and locations, of the appropriateness and effectiveness of most aspects of PCC as articulated in DEMEC, but also highlighted awareness of some of the challenges of applying this approach to real-life, real-time care. Complexities were identified by students regarding certain issues, including the acceptability of deception and the value and ethics of speaking to family members first. Differences emerged between participants in the two locations about these two issues, as well as on appropriate terminology to designate PWD. **Conclusions:** Findings, while generally supportive of the applicability and relevance of a PCC model, also point out some of the possible difficulties of the application of PCC in different cultural environments. We detail possible reasons for medical students’ uncertainties, and the implications of these findings for medical education and care practice internationally, and for interaction theory related to communication and appropriate care for PWD.

**P4-548** ADAPTATION OF THE MODIFIED MINI-MENTAL STATE (3MS) EXAM, DEVELOPMENT OF A VERSION FOR THE UNDEREDUCATED, AND DETERMINATION OF NORMATIVE VALUES IN THE TURKISH POPULATION

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**Background:** No dementia screening tests with a completed standardization is available in Turkey at present. Most tests in use only have certain threshold values derived from clinical settings, not from population-based studies, which restricts their administration among different patient groups. This study aimed to standardize a potentially widely-applicable screening test to be used in the Turkish population. Currently, over 20% of the Turkish elderly have less than 5 years education, therefore development of a separate version for undereducated elderly population was also planned. **Methods:** Since Mini-Mental-State-Examination (MMSE) is widely used in primary care and a version for the undereducated exists, we decided to standardize Modified-Mini-Mental-Test (3MS) which is an expanded and modified version of MMSE. Translation and cultural adaptation process included a preliminary study, which led to the final version of the Turkish-3MS. A population-based study including individuals over the age of 55 was run to determine the normative values in a representative sample in Ankara, Turkey. A sociodemographic form including health status, lifestyle and environmental factors, daily activities of living and 3MS were used for data collection. Previous diagnosis of dementia along with neuropsychiatric disorders that might affect cognition were determined as exclusion criteria. The association of sociodemographic variables with 3MS scores were evaluated. This study was funded by the Scientific and Technological Research Council of Turkey (Grant no: 214S048). **Results:** A total of 2235 participants were included. After
the exclusion, data of 1948 individuals were analyzed for normative study. Of the study sample, 51.3% were female and 41.1% had less than five years of education (grouped as undereducated). Among the sociodemographic variables examined, age, gender, and education accounted for variance in 3MS scores. Younger age, male gender and higher educational attainment were associated with better 3MS performance. Normative values for both undereducated and educated versions of 3MS-Turkish form were determined. Conclusions: A dementia screening test with normative values was developed for the Turkish population. The test will provide the opportunity for health professionals, including primary care workers to evaluate the cognitive performance based on age, gender and education level, in both educated and undereducated elderly. Studies for further psychometric features are ongoing.

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**THEME: EXPERIENCES OF CHILDREN LIVING WITH A FATHER WITH EARLY-ONSET DEMENTIA**

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**Background:** Children who have a parent with early-onset dementia suffer from various problems. People are concerned about this problem in Japan. When they are young children and school age, they have problems in situations where they are growing and developing. In adolescence, they have trouble finding a job, marrying, and they also worry about inheriting the disease. The aim of this study is to analyze the problems of children living with a parent with early-onset dementia and to ascertain how to assist them during this difficult time. **Methods:** Subjects were 2 individuals under the age of 20 who had a father diagnosed with early-onset dementia. A semi-structured interview lasting about 90 minutes was conducted with each subject to ascertain the problems they faced because of their father’s condition. Interview transcripts were coded verbatim, categorized, and analyzed using an inductive qualitative approach. This study was approved by the Ethics Committee of the university and consent was obtained from subjects. **Results:** Subjects were ages 18 and 20, and one was male and the other was female. Their experiences were grouped into five categories: father figure, confusion as one’s parent’s condition worsened, family ties, and relationships with other people, and uneasiness about the future. These five categories were further divided into fifteen subcategories. **Conclusions:** Based on these findings, children under the age of 20 with a father with early-onset dementia still needed time to mature into adults, they lacked a strong father figure, and they were confused about the worsening of their parent’s condition. When the parent’s condition was explained to the child, family ties strengthened and children were able to maintain their relationships with other people. In the future, children who have a father with early-onset dementia will need various forms of financial support and those children will need a forum in which to communicate with other children in the same situation.

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**CAN PEOPLE LIVING WITH DEMENTIA CO-PRODUCE RESEARCH DATA ABOUT THEIR MANAGEMENT OF MEDICINES?**

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**Background:** Many people living with dementia (PLWD) take medicines but there is limited representation of PLWD’s own voice, views and experience regarding medicine use and management in the existing relevant body of literature. PLWD have often been excluded from research for various reasons including perceptions that they are incapable of giving informed consent, have difficulties communicating and their contributions were considered to be of questionable validity. We aimed to involve PLWD as active participants in a research study exploring views and experiences of medicines management. **Methods:** We used a combination of methods involving graphic elicitation and a phenomenological approach. Stage 1: PLWD as study participants were loaned a digital camera for two weeks and asked to take photographs of objects and places/locations (not limited to their own home) that they view to be related to medicines and medicine-taking. Images were processed and analysed for bracketing purpose, thus mitigating preconceptions that may affect the research process. Stage 2: Images were used as cues for interviews. A phenomenological approach which focused on PLWD’s lived experiences was used in the interviews. **Results:** A total of 15 participants were recruited. Fifteen sets of photographs (range 3-20 per set, n = 129) were received. Thirteen participants were interviewed to date and ten actively participated. Seven participants planned and took pictures on their own. Three participants were prompted by their carers when taking pictures. Another three sets of photographs were taken by the carers. Participants who took pictures independently took the most pictures. Of those who did not manage to take photographs, family carers played an inhibitory role suggesting perceptions of PLWD’s incapability to understand study requirements. **Conclusions:** PLWD were co-producers of research data. They were actively involved in collecting research data by taking photographs that acted as cues for subsequent interviews. The study methodology allowed PLWD to express their views and represent their voices in an articulate and meaningful way thus eliminating doubt and questions regarding validity and credibility of data specifically on the first order constructs. This study provides evidence for further discussions about involving PLWD in a sensitive and flexible way as active participants in the research process.

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**DEVELOPMENT OF A COHORT OF MEDICARE PATIENTS WITH ADVANCED DEMENTIA**

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**Background:** Medicare claims are often used to identify patients with dementia but lack information on disease severity. This study explores the feasibility of combing Medicare claims data and the Outcome and Assessment Information Set (OASIS) to identify patients with advanced dementia. **Methods:** The sample consists of 1,025,856 Medicare beneficiaries with at least one home health care visit between 7/1/2009 and 6/30/2010 with at least one home health OASIS assessment in 2009. Individuals with Alzheimer’s disease and related dementias (ADRD) were identified using CMS Chronic Condition Data Warehouse definitions. Indicators for late-stage dementia were based on the presence of ICD-9-CM codes for medical complications, including pressure ulcers, eating disorders and malnutrition, aspiration pneumonia, and incontinence. OASIS symptom and functional status assessment items