P343
Coping with dementia. An example of a combined psychosocial intervention
N. Timmermans a, b, J. Meeuwissen b
a Geriatric Department, Ziekenhuis Oost-Limburg (ZOL), Genk, Belgium
b General Internal Medicine, Infectious Diseases And Geriatric Medicine, Ziekenhuis Oost Limburg, Genk, Belgium

Introduction.– To date, little research has been devoted to the effectiveness of combined psychosocial interventions in dementia. Therefore, the aim of the present pilot study was to examine to which extent participation in a combined intervention programme for the patient–(informal) caregiver dyad had a beneficial effect on the quality of life of the person with dementia and on the subjective burden of the caregiver(s).

Methods.– The patients included in this study (n = 16) were elderly men and women (M = 73.56; SD = 6.46) diagnosed with early dementia and with an MMSE score of 17 or higher (M = 23.25; SD = 3.21; range = 17–28). The spouse acted as primary caregiver for the majority of the participants. The first preliminary descriptive statistics demonstrate a significantly improved quality of life (WHO-Qol-8) experienced by persons with dementia after measurement, as indicated by a negative mean difference score (M = –0.17; SD = 0.37) compared to the pre-measurement before the onset of the programme. The results of the follow-up measurement after two months (M = –0.05; SD = 0.33) reveal a minor regression compared to the post-measurement results. As far as the caregiver group is concerned, our results suggest an increase in personal and practical patient care (Dutch Objective Burden Inventory), which is in contrast with the general trend of a decreased subjective burden (Zarit caregiver burden scale). The finding that a relative increase in emotional support is observed in virtually all family groups leads us to hypothesize that both the quality of life and the coping skills of caregivers are improved by creating a more open communication.

Disclosure.– No significant relationships.
http://dx.doi.org/10.1016/j.eurger.2012.07.344

P344
MMSE scored between 24-30p fails to detect cerebral perfusion defects and cognitive abnormalities in octogenarian men
A. Siennicki-Lantza a, S. Elmståhl b
a Division Of Geriatric Medicine, Skåne University Hospital, Lund University, Malmö, Sweden
b Geriatrics, Health sciences, Malmö, Sweden

Introduction.– Aim.– The sensitivity of Mini-Mental-State-Examination test (MMSE) to detect mild cognitive changes. We tested if MMSE scores 24-30 points, compared to other cognitive tests, are a sensitive tool to detect changes in cerebral blood flow (CBF).

Methods.– One hundred and twenty nine non-demented men from a populations-based- cohort were examined at age 68 and 81 with a cognitive battery. At the age 82, CBF was estimated with 99mTc-HMPAO SPECT. MMSE was performed only at age 81, and all except one (18p) had MMSE ≥ 24p (mean 28.4±1.7).

Results.– At age 81, MMSE-score was not correlated with CBF at any brain region. Instead, results of Block design and Word Pairs tests correlated with CBF in right-frontal, right-parietal, left-parietal, occipital and subcortical areas; Synonyms and Digit Symbol with right-and-left-frontal, -temporal, -parietal, -thalamus, occipital and subcortical areas. Digit Symbol reached highest correlation levels (corrected for education, ranges r = 0.31–0.42, P < 0.0009). These tests were performed 14 years earlier, at age 68, and Digit Symbol test could predict CBF deficits in all brain areas at age 82. All four tests predicted CBF changes in subcortical areas and thalamus.

Conclusion.– In elderly men, MMSE test scores ≥ 24p failed to detect CBF changes. Instead, other tests as Digit Symbol, Synonyms, Block Design and Word Pairs correlated with CBF deficits and could even predict those 14 years earlier, despite the normal MMSE.

Disclosure.– No significant relationships.
http://dx.doi.org/10.1016/j.eurger.2012.07.345

P345
The impact of positive affect on falls efficacy
A.M. O’Halloran a, *, C. Cunningham b, C. Walsh c, R.A. Kenny a
a Medical Gerontology, Trinity College Dublin, Dublin, Ireland
b Tril Clinic, St. James’s Hospital, Dublin, Ireland
c Statistics, Trinity College Dublin, Dublin, Ireland

Introduction.– One-third of people over 65 years fall each year and falling can have a detrimental impact both physically and psychologically on older people. Falls prevention guidelines from the American and British Geriatric Societies minimise the psychological factors which may contribute to falls risk. This study examined the impact of positive affect on falls efficacy.

Text.– Four hundred and forty five community-dwelling adults aged ≥ 60 years underwent a comprehensive geriatric assessment at baseline and were reassessed after two years at the TRIL (Technology Research for Independent Living) Clinic, St. James’s Hospital, Dublin. Positive affect was measured using the CES-D8 at baseline and follow-up. Falls history at baseline was self-reported and falls-related self-efficacy was measured using the Modified Falls Efficacy Scale (MFES). Participants at baseline were 58.7% highly positive, 1.6% low positive and 39.8% depressive. Almost 75% of highly positive and 40% of depressive participants at baseline were highly positive at follow-up. Adjusting for age, gender and falls at baseline, high positive affect was associated with higher MFES scores (P < 0.001) at baseline, and also predicted higher MFES scores at follow-up (OR = 1.78, 95% CI: 1.44–2.21, P < 0.001). High positive affect was also a significant predictor of the difference in MFES scores between baseline and follow-up (delta-MFES: OR = 1.33, 95% CI: 1.08–1.64, P = 0.007).

This study suggests the protective influence of positive affect on maintaining high falls efficacy. Reduced falls efficacy is highly correlated with fear of falling and is a risk factor for falls. Promoting positive affect, a potentially modifiable factor linked to resilience, could contribute to better falls efficacy.

Disclosure.– No significant relationships.
http://dx.doi.org/10.1016/j.eurger.2012.07.346

P346
Adiponectin, TNF-alpha, ICAM-1, vcam-1 levels and insulin resistance in non-diabetic Alzheimer’s disease patients
B. Guler a, S. Savas b, F. Sarac b, *, F. Akcicek b
a Internal Medicine Department, Ege University Medical Faculty, Izmir, Turkey
b Internal Medicine Department, Geriatrics Section, Ege University Medical Faculty, Izmir, Turkey

Introduction.– Research about Alzheimer’s disease (AD) pathogenesis is increasing. There are limited number of studies that analyze the relationship between AD and insulin resistance (IR) with inflammation. The aim of this study was to evaluate adiponectin, tumor necrosis factor-alpha (TNF-α), intercellular adhesion molecule 1 (ICAM-1) and vascular cell adhesion molecule 1 (VCAM-1) levels in non-diabetic AD patients in which IR and inflammation may play roles in AD pathogenesis.

Method.– Forty-seven AD patients from neurology outpatient department and 22 healthy volunteers were included in the study.