

recommendations for dementia care and lay the foundation for an international evaluation framework of quality practice. Future work will develop a concordant, human-rights based scheme for the evaluation of dementia services and use this to establish good practice guidance for dementia care using examples from across the globe.

P142: Dementia diagnosis: the potential onset of suicidal risk

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Objective: Being diagnosed with dementia can be a hectic and critical period. While severe dementia may act as a shield when it comes to suicidal risk, mild and early dementia stages may still preserve cognitive functions to elaborate a suicidal plan. Having insight may lead to feelings of despair and sadness that patients find unbearable to deal with.

The aim of this article is to review the current literature regarding suicidal risk after a dementia diagnosis.

Methods: Review of the most recent literature regarding the risk of suicide among patients with a recent dementia diagnosis. The research was carried out through the PubMed and UptoDate databases, using the terms “dementia”, “diagnosis” and “suicidal risk”.

Results: Previous research showed inconclusive findings, with some authors suggesting a higher risk of an early suicide attempt in patients recently diagnosed with dementia, and others suggesting otherwise. Nowadays, the literature mainly reports that older adults with recent dementia diagnoses are at increased risk of endeavoring suicide. There is an important requirement to offer appropriate support to patients and their families, at the time, or as soon as possible, when a dementia diagnosis is made, to diminish the risk of suicide attempts in these patients.

Conclusion: Patients with recent diagnosis of dementia, or diagnosed at an earlier age, seem to have higher suicidal risk. The period immediately after diagnosis is when individuals need greater support, so these results demand for better assistance for those experiencing such intellectual decline.

P143: New therapies for Alzheimer’s dementia and its implications on healthcare system: are we ready?

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Objective: The amyloid hypothesis suggests that errors in production, accumulation, or disposal of beta-amyloid are the primary causes of Alzheimer's disease (AD). Since this was hypothesized, there has been significant effort in developing treatments that prevent the build-up of amyloid beta (A β) plaques in the brain. A disease modifying therapy (DMT) changes the clinical progression of AD by interfering in its pathophysiological mechanisms.

The aim of this article is to review the current literature regarding the role of new DMTs for Alzheimer's dementia and assess the preparedness of health care systems to implement these treatment options.

Methods: Review of the most recent literature regarding the role of new DMTs for Alzheimer's dementia and the challenges faced by the health care system to implement these treatment options. The research was carried out through the PubMed and UptoDate databases, using the terms "amyloid hypothesis", "Alzheimer", "disease modifying treatments" and "dementia".

Results: Research has been focusing on developing monoclonal antibodies as potential DMTs that target A β . Aducanumab, a human antibody, or immunotherapy, is the only disease-modifying medication currently approved to treat AD. It targets the A β protein and helps to reduce amyloid plaques and is currently the only FDA approved medication to slow the progression of AD. Lecanemab, a humanized IgG1 monoclonal antibody, binds to A β soluble protofibrils with high affinity. Even though there is considerable optimism about its potential, lecanemab will probably be more useful to patients on early stages of the disease.

Conclusion: DMTs administration obeys to certain needs such as a vacancy in Day Hospital for infusion and regular monitorization and for lumbar puncture. It demands a complex network involving general practitioner, neurologist, psychiatrist, psychologist, and social services. It also involves a genetic study and complementary diagnosis exams such as PET (Positron emission tomography) scans and MRIs (Magnetic resonance imaging), which are expensive. There is an emerging need to develop enhanced and safer treatments.

P145: Insights into the impact of relocations within nursing homes on residents: an interview study with stakeholders

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Objectives: Elderly people who live in nursing homes can be faced with intramural relocations for various reasons, whether individual or per group. Because the impact of these intramural relocations on residents is unknown, our aim is to explore how relocations within nursing homes affect residents from different stakeholder-perspectives.

Methods: We performed semi-structured individual interviews and a focus group with various stakeholders of intramural relocations to collect a broad outlook on its practice based on diverse perspectives and lived experiences. The interviews and focus group were audio-recorded, transcribed verbatim and analyzed using responsive and thematic analysis.

Results: Seventeen interviews were held and one online focus group with six participants. In the interviews, participants mentioned various reasons for intramural relocations, such as outdated real estate for group