

**Conclusions:** Most caregivers, likely experiencing significant disruption in their personal lives, were similar-aged spouses to people with AD. Problem-focused coping strategies appear effective for caregivers, indicating that better cognitive health and higher education levels may enable them to use planning and active coping strategies to manage dysfunctional behaviors. Self-distraction was observed as a dysfunctional coping strategy, suggesting an association with anxiety and depression in caregivers, though our results do not confirm a causal relationship. Future studies with larger dyads samples should explore the relationship between coping strategies, clinical variables in patients with YOAD, and their caregivers, aiming to develop interventions to assist caregivers more effectively.

**Keywords:** Coping, caregivers, Young-onset Alzheimer's disease

#### **P4: Why Doesn't Grandma Remember Me? Exploring the World of the Brain and Memory through Educational Activities and Cognitive Stimulation**

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**Introduction:** This book aims to help children grasp the concept of Alzheimer's disease and its impact on our loved ones using simple, accessible language and engaging educational activities.

**Methods:** The information will be presented using themes that capture children's interest, such as magic and superheroes, and will be reinforced through activities including word searches, code-based tasks, synonym games, word syllable exercises, planning activities, scrambled words, word puzzles, basic math problems, open-ended questions, and Discussions about grandparents. It will address potential behavioral changes like forgetfulness, confusion, and agitation, and provide suggestions on how to cope, such as remaining calm, offering comfort, paying attention, and communicating clearly and simply. Throughout the book, the significance of family bonds will be emphasized, encouraging care and affection to strengthen connections. Even if a person with Alzheimer's doesn't recognize the child, they can still feel the love and support.

**Conclusions:** This book promotes values of respect, inclusion, and patience in the face of Alzheimer's disease, underscoring the importance of empathy and understanding regardless of the challenges it presents.

**Keywords:** Alzheimer's Awareness, Child-Friendly Education, Cognitive Stimulation, Family Connection

#### **P5: Managing patients with dementia and comorbid psychiatric disorders: a literature review and case series**

**Authors:** Alvin Keng, MD, FRCPC, Michael Kirzner, Morris Freedman, MD, FRCPC

**Objectives:** Patients with dementia (PWD) benefit from interdisciplinary care. Depression is a well-known risk factor for the progression of neurocognitive impairment and dementia; other psychiatric disorders (i.e. anxiety, post-traumatic stress disorder, bipolar disorder, psychotic disorders) also may confer an increased risk for dementia. PWD may also present with behaviours and psychological symptoms that overlap with psychiatric disorders. Our aim is threefold: (1) Review the current literature on managing psychiatric comorbidities in PWD.

(2) Present an illustrative case series of PWD with psychiatric comorbidities. (3) Introduce a model of care on our Behavioural Neurology Unit (BNU) for treating PWD with psychiatric comorbidities.

**Methods:** Our BNU is a 20-bed quaternary inpatient unit for difficult-to-treat behaviours related to dementia. Psychiatric consultation is readily available to clinicians and often times for PWD with psychiatric comorbidities. We review best practices in managing these patients. We present a case series of PWD with psychiatric comorbidities predating their diagnosis of dementia who have significant behavioural and psychological symptoms and have failed other settings.

**Results:** Current guidelines for PWD do not discuss the management of psychiatric and neurologic comorbidities in detail. Among 26 cases, we highlight the judicious use of anticonvulsants, lithium, clozapine, and nabilone in PWD. We also demonstrate the importance of interdisciplinary care with primary care, neurology, psychiatry, and allied health support.

**Conclusions:** Dementia care is challenging and requires individualized attention and interdisciplinary collaboration. These challenges are augmented when dealing with psychiatric comorbidities. We advocate for increased attention and creative solutions to address these complex cases.

## **P6: Strengthening Dementia Care: Advancing Through ADI Accreditation for Excellence and Acknowledgment**

**Author:** Amalia Fonk Utomo

**Background:** The ADI Accreditation Programme, launched in December 2020, aims to support all Alzheimer and dementia associations and other organizations, in improving care for people living with dementia. By providing a standards-based approach to knowledge and skills, ADI establishes benchmarks that program providers must adhere to. Successful completion of an evaluation allows carers, trainers, and program providers to earn ADI Accreditation, indicating that they have reached the required global standard for their training and learning activities, including culturally appropriate context to improve care quality. ADI Accreditation is open to ADI members, as well as other organizations including universities and training colleges.

**Activities:** Our Global Review Panel (GRP) Members consists of multi-discipline, cultural and regional experts in the global dementia field. Successful completion of an evaluation process: initial application, evaluation report, virtual/in-person or hybrid visit from our Global Review Panel Members, the program or providers can earn ADI Accreditation. The first provider to be accredited was Kiang Wu Nursing College (KWNC) of Macau on January 25, 2021. The pilot project involved Discussions on external and internal governance, trainers and program committees, students, graduates, and other stakeholders. A 3-day virtual visit to KWNC in September, including evaluation, involved carers, trainers, students, and collaboration with other organizations and people living with dementia, followed by a final review by the Global Review Panel in October and November.

Silverado Memory Care Communities became the first program to be accredited for their Dementia Care Program on December 22, 2022. In-person visits took place on August 16-17, 2022, involving trainers, stakeholders, family members, caregivers, associates, and staff. University of Bradford in the UK became the first university in UK/Europe to be accredited their Centre for Dementia Applied Science on December 22, 2022. In-person visits took place on June 20-21 June 2023, involving trainers, stakeholders, family members, caregivers, associates, and staff.