

529 - Suicide in elderly people

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Background: Suicide is a tragic and distressing phenomenon. The problem of suicide in late life is often neglected by medical professionals, policy makers and the general public. Suicidal behavior in older adults (65 years old and over) is a major public health issue in many countries. Suicide rates are highest among the elderly.

Objective: To investigate the main factors associated with suicidal ideation, attempts and completed suicide among the elderly.

Method: A literature review was carried out in PubMed and Scopus database.

Results: Depression is the most relevant cause found, combined with chronic physical suffering, loss, bereavement, abandonment, loneliness, family conflicts and social exclusion. Differences in gender, ethnicity, the ageing process, social issues and cultural backgrounds are also major contributing factors. The major causal factors for attempted suicide are degenerative and chronic diseases, physical dependence and disability, physical and psychological pain, mental and neurocognitive disturbances and suffering. The issue of suicide prevention in the elderly is also addressed.

Conclusions: The negative effects on families, friends and communities following a suicide reinforce the urgency for a better understanding and prevention of suicide. Suicide associated with depression in the elderly can be prevented, provided the person is properly treated. Innovative strategies should improve resilience and positive aging, engage family and community support networks, reach vulnerable older adults, and promote health professionals' knowledge on elderly suicide.

530 - The effects of lithium and inflammation on the atherosclerosis of older bipolar patients at high risk for cardiovascular disease

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Background: Atherosclerosis can result in serious cardiovascular disease (CVD) and is associated with inflammation and psychopharmacological treatment in bipolar disorder. We attempt to investigate the effects of lithium and inflammation on the atherosclerotic development in older bipolar adults at high risk for cardiovascular disease.

Methods: The euthymic out-patients with bipolar I disorder aged over 45 years and concurrent endocrine or cardiovascular disease were recruited to measure their bilateral carotid intima media thickness (CIMT) and circulating levels of lithium, valproate, sTNF-R1, sIL-6R, and lipid profile. All clinical information were obtained by directly interviewing patients and reviewing all medical records.

Results: Forty eight patients with mean 48.3 years old and mean 27.2 years of age at illness onset were recruited. After controlling for the body mass index, multivariate regression analyses showed that older age, lower lithium level, and higher plasma sTNF-R1 level were associated with higher CIMT and collectively accounting for 33.1% of the variance in CIMT. Blood level of low density lipid or valproate has none relationship with CIMT.

Conclusion: Lithium treatment may protect older bipolar patient, even those at high risk for CVD, from atherosclerotic development. Furthermore, persistent inflammatory activation, particularly macrophage activation, may be associated with the accelerating development of atherosclerosis.

531 - Dementia prevention and utilising the "teachable moment" in the New Zealand context

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Dementia is a debilitating disease with wide-reaching impacts. Up to 40% of dementias are estimated to be preventable through modifiable risk factors, which is essential as no disease-modifying treatments are currently available. A literature review was performed using the OVID database, Google Scholar, and following references. Dementia as a key word was combined with the following key words: education, prevention, risk reduction, risk perception, family members, adult children, health promotion, behaviour change, Maori Health, health literacy, healthy aging, behavioural intervention, attitudes, teachable moment, psychoeducation.

This presentation discusses that while evidence for dementia risk reduction is present in academia, the general population's dementia health literacy remains inadequate. The teachable moment offers an alternative to this by targeting individuals at higher risk and most receptive to behavior change, namely the family members of the patient diagnosed with dementia. It is showing promise thus far in other health contexts such as smoking cessation.

New Zealand Māori represents a vulnerable population who are over-represented in statistics for increasing dementia risk. A challenge is how this teachable moment can be utilized in the Māori population in a culturally appropriate way. Interventions need to utilize more effective methods than mass public education. We suggest that utilizing the teachable moment of a family member's dementia diagnosis would prove more effective.

We propose that the Maori model of health, "Te Whare Tapa Wha", created by Mason Durie in 1994, encompasses this aspect of prevention in the family members of those with dementia which is often neglected in an old age psychiatry context. This model is created with taha tinana (physical), taha Whānau (family/social), taha wairua (spiritual), and taha hinekaro (mental/emotional components). It is based on a whare (house) structure where the different principles make up the walls. All walls are needed for a sturdy structure, demonstrating the importance of all the aspects concerning Māori health. This model not only is important for Maori, but has important lessons for all New Zealanders and the importance of Whanau (family) in people with dementia, not only in terms of caregiver support but also in terms of the teachable moment and dementia prevention.

532 - "Mapping the Lived Experiences: The Dyad Journey of People with Agitation in Alzheimer's and Their Care Partners"

Presenter(s) Mary Chi Michael

Organization(s)

- Chair, The Global Council on Alzheimer's Disease
- Vice President of Patient Advocacy and Stakeholder Management, Otsuka America Pharmaceutical, Inc.

Abstract (400 words)

A substantial amount of analysis has been dedicated to understanding the individual journeys of the "patient" and the "caregiver" in Alzheimer's disease. This work has provided valuable insights, but a few priorities remain: