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Background: People with dementia commonly have impaired social functioning and may not recognise this. This lack of insight may result in worse outcomes for the person and their family carers. We aimed to characterise insight into social functioning in dementia, and describe its association with dementia severity.

Methods: Observational cross-sectional study of people aged >65 years with clinically diagnosed dementia and their family informants recruited from three sites in Germany, Japan and the United Kingdom. We used the Social Functioning in Dementia scale (SF-DEM), which assesses three domains: “spending time with other people” (domain 1), “communicating with other people” (domain 2), and “sensitivity to other people” (domain 3). We calculated lack of insight into social functioning as the discrepancy between the ratings of the participants with dementia and their informant. We described this discrepancy and the proportion of people with dementia whose rating was overestimated, congruent or underestimated compared to their family informant. We calculated the association between SF-DEM discrepancy score and total mini-mental status examination (MMSE) score and recall and attention/concentration subdomains.

Results: In 108 participants with dementia (50.9% women), mean age = 78.9 (standard deviation, SD 6.5) years, and mean MMSE score = 22.7 (SD 3.7). Ratings of patients and informants for domain 1 did not differ, but patient-rating was higher than carer-rating for domain 2 (patient-rated score 11.2 (2.5), carer-rated score 10.1 (3.4); $p = 0.003$) and domain 3 (patient-rated score 9.7 (2.4), carer-rated score 8.1 (2.8); $p < 0.001$). Sixty (55.6%) people with dementia overestimated their overall social functioning, 30 (27.8%) underestimated, and 18 (16.7%) gave ratings congruent with their family informant. Performance on the MMSE, and its sub-domains was not associated with SF-DEM discrepancy score.

Conclusions: We found that insight varies according to subdomains of social functioning, with people with dementia rating their communication and sensitivity differently, and usually higher than their carers. Researchers and clinicians should consider insight into social functioning in dementia as a multidimensional, rather than a unified, concept. Clinicians should help family members understand and adapt by explaining their relative with dementia’s lack of insight about aspects of their social functioning.

Social connection in long-term care homes

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Background: Social connection is a basic human need and is important for quality of life and care for residents in long-term care (LTC) homes. Research has established associations between aspects of social connection (e.g., social engagement, social support and loneliness) and mental health outcomes (e.g., depression). Yet, despite living in a congregate setting, those in LTC homes often experience poor social connection. Social connection has unique considerations for LTC homes, including that most residents are living with cognitive impairment or dementia, which requires a customized measurement approach.

Research Objective: The social connection in long-term care home residents (SONNET) study aims to improve measurement of social connection in LTC homes by addressing three specific questions: (1) What existing measures assess social connection in LTC homes and what are their psychometric properties? (2) What do residents, families, staff and clinicians consider to be the important elements of social connection in LTC homes? (3) Can a new measure accurately assess social connection in LTC home residents?

Method: The three study questions will be addressed through: (1) A systematic review of existing measures, where measures will be characterized using content analysis and CONsensus-based Standards for the selection of health Measurement INSTRUMENTS (COSMIN) methods; (2) Qualitative interviews with residents, families, staff and clinicians to understand important aspects of social connection, and, (3) Development and testing of a new measure of social connection in Canada and the UK.

Preliminary results of the ongoing study: Previous research will be discussed, including a scoping review summarizing research evidence linking social connection to mental health outcomes as well as strategies to build and maintain social connection during the COVID-19 pandemic. The SONNET study update will include preliminary findings from the systematic review and qualitative interviews, as well as development of a conceptual model and key considerations for a new measure.

Conclusion: Social connection is an important concept in LTC homes. A robust measure of social connection, developed specifically for this setting, will enable researchers and care settings to test the effects of interventions and to report outcomes at the individual-, home- and system-level.

S3: Quality of Life and Psychological Strengths of Older People

Symposium Overview:

Background: Aging has traditionally been studied from loss, disease, and dependency, limiting the conceptualization of Quality of Life (QoL) to health. The population group of older people characterize by its heterogeneity in which many older adults experience gains and age with good physical, psychological and social conditions. Ignoring these aspects can lead to ageism. It is necessary to offer a change of perspective in which older adults' QoL is analyzed from a multidimensional perspective where not only losses are taken into account but also the strengths of the person and the satisfaction of their higher needs (self-fulfillment, control, autonomy and pleasure).

Research Objective: This symposium aims to develop an assessment to improve QoL in older people through the promotion of their strengths.

Method: Four studies from different Spanish and Portuguese universities were presented

Preliminary results on the ongoing study: Older people have psychological strengths that enhance QoL.

Conclusion: This symposium seeks to promote QoL in older people from a change of perspective based on strengths in a society for all ages, in line with the decade of healthy aging (2021-2030) approved by the World Health Assembly and the United Nations General Assembly. Aging implies a range of personal and material losses to which older people must