

404 - Factors associated with diagnostic delay in younger-onset dementia iagnostic delay in younger-onset dementia

Samantha M. Loi, Anita M. Goh, DPsych, Dhamidhu Eratne, Ramon Mocellin, Sarah Farrand, Andrew Evans, Charles Malpas, Wendy Kelso, Mark Walterfang, MBBS PhD FRANZCP, Dennis Velakoulis, MBBS,

Background: Younger-onset dementia (YOD) is a dementia of which symptom onset occurs at 65 years or less. There are approximately 27000 people in Australia with a YOD and the causes can range from Alzheimer's dementia (AD), frontotemporal dementia (FTD), metabolic and genetic disorders. It is crucial to obtain a definitive diagnosis as soon as possible in order for appropriate treatment to take place and future planning. Previous research has reported 4-5 years to get a diagnosis (Draper et al. 2016) and factors associated with delay include younger age (van Vliet et al. 2013) and psychiatric comorbidity (Draper et al. 2016). We report on our experience of diagnostic delay.

Methods: This was a retrospective file review of 10 years of inpatients from Neuropsychiatry, Royal Melbourne Hospital, Australia. Neuropsychiatry is a tertiary service which provides assessment of people with cognitive, psychiatric, neurological and behavioural symptoms. Factors such as age of onset, number of services/specialists seen were extracted and analysed using multivariate regression.

Results: Of the 306 individual patients who had a YOD, these were grouped into the major dementia groups (such as AD, FTD, Huntington's disease, vascular dementia, alcohol-related dementia). The most commonly occurring dementia was AD (24.2%), followed by FTD (23%). There was an average of 3.7 years (SD=2.6), range 0.5-15 years, of delay to diagnosis. Cognitive impairment, as measured using the Neuropsychiatry Unit Cognitive Assessment (NUCOG) was moderate, with a mean score of 68.9 (SD=17.9). Within the groups of dementia, patients with Niemann-Pick type C (NPC) had the longest delay to diagnosis $F(11,272)=3.677, p<0.0001$, with 6.3 years delay. Age of symptom onset and number of specialists/services seen were the significant predictors of delay to diagnosis $F(7, 212)=3.975, p<0.001, R^2=11.6$.

Discussion and conclusions: This was an eclectic group of people with YOD. The results of regression suggests that there are other factors which contribute to the delay, which are not just demographic related. Rarer disorders, such as NPC which present at an early age, and present with symptoms that are not cognitive in nature, can contribute to diagnostic delay.

405 - Emotional Resilience of Older Adults During COVID-19: A Systematic Review of Studies of Stress and Well-Being

Evelina Sterina BA¹, Adriana P. Hermida MD², Danielle J. Gerberi MLIS³, Maria I. Lapid MD⁴

Objectives: To examine post-traumatic stress, depression, anxiety, and well-being in older adults under quarantine in the context of epidemics.

Methods: A systematic review of CINAHL, Ovid EBM Reviews, Ovid Embase, Ovid Medline, Ovid PsycINFO, Scopus, and Web of Science databases from 2000-2020 was conducted. Keywords included coronavirus, epidemic, quarantine, stress, mental health, and similar terms. Included studies enrolled

¹ Emory University School of Medicine, 100 Woodruff Circle, Suite 231, Atlanta, GA, 30329. Electronic address: evelina.sterina@gmail.com. <https://orcid.org/0000-0002-0564-7407>

² Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, USA.

³ Mayo Clinic Library, Mayo Clinic, Rochester, MN, USA.

⁴ Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA.

participants under quarantine, quantitatively measured of mental health or psychological well-being, and characterized outcomes by age.

Results: Of 894 initial results, 20 studies met criteria and were included in the analysis. Studies comprise a total of 106,553 participants from eight countries, age range 6-100, involved two epidemics (COVID-19, SARS), and used 27 tools used to assess psychological responses to quarantine. The majority (70%) of the studies utilized recruited participants through online surveys, utilizing open web and snowball recruitment. Of the 20 studies, one found greater distress in older adults relative to younger adults on a COVID-19 distress scale, one study found no significant differences, and 18 studies found lower negative outcomes in older participants in at least one metric.

Conclusions: Older adults in this review generally have lower stress and less negative emotions under quarantine than younger adults. It is unknown how this compares to the pre-pandemic state. More representative and longitudinal studies are needed to better measure the impact of quarantine on the mental health of older adults.

Clinical Implications:

As existing scales may not capture the full extent of pandemic's psychological effects on older adults, clinicians must be vigilant in monitoring older adults' mental health in quarantine.

Note:

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406 - Supports received by the families of people with neurodegenerative disease: a quantitative and qualitative approach.

Authors: Alba Aza, María G. Vela, Eva González, Isabel Vicario-Molina, María Begoña Orgaz y Marta Badia

Keywords. Neurodegenerative disease; Families; Focus Groups; FQoLS-ND; Services.

Introduction: When neurodegenerative disease (ND) is diagnosed, the family's quality of life (FQoL) changes drastically. Within the concept of FQoL, the supports they receive from others at the community level and from services is one of the most important issues. Nonetheless, studies available using a mixed-methods approach are still limited. Consequently, the objective was to study the domains of support from services and support from others (emotional and practical), through the application of a quantitative instrument and the conduction of focus groups.

Method: Three hundred relatives of people with ND, recruited from Regional Health Management of Castille and 14 Leon (Spain) completed the instrument FQOLS-ND, a specific scale for measuring quality of life in families caring for people with a ND. The mean age of the sample is 62.4 years and the majority are females (70%). In addition, a focus group was carried out with 10 family members (70% females, mean age= 61.6) aiming at the analysis of the quality of life domains.

Results: The domains support of others (emotional and practical) and support from services achieved low quantitative levels specially in terms of achievement ($M_{emotional}=3.30$; $SD_{emotional}= 1.21$; $M_{practical}= 3.09$, $SD_{practical}= 1.26$; $M_{services}= 2.83$; $SD_{services}= 1.02$;). In the focus group, the main topics mentioned as negatively affecting the FQoL were social isolation, access and correct follow-up in specialized care