FC24: Discrimination and Stigma Scale Ultra Short for People Living with Dementia (DISCUS-Dementia): Development and Psychometric Validation

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Objectives: This work was aimed at characterizing the experiences of discrimination, and report initial psychometric properties of a new tool to capture these experiences, among a global sample of people living with dementia.

Methods: Data from 704 people living with dementia who took part in a global survey from 33 different countries and territories were analysed. Psychometric properties were examined, including internal consistency and construct validity.

Results: A total of 83% of participants reported discrimination in one or more areas of life, and this was similar across WHO Regions. The exploratory factor analysis factor loadings and scree plot supported a unidimensional structure for the Discrimination and Stigma Scale Ultra Short for People Living with Dementia (DISCUS-Dementia). The instrument demonstrated excellent internal consistency, with most of the construct validity hypotheses being confirmed and qualitative responses demonstrating face validity.

Conclusions: The DISCUS-Dementia performs well with a global sample of people living with dementia. This scale can be integrated into large-scale studies to understand factors associated with stigma and discrimination. It can also provide an opportunity for a structured Discussion around stigma and discrimination experiences important to people living with dementia, as well as planning psychosocial services and initiatives to reduce stigma and discrimination.

FC25: Family Caregivers' Perceptions of Expressed Emotion Toward Dementia Patients: A Qualitative Descriptive Study

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Objectives: This study aims to explore the perceptions of family caregivers regarding their expressed emotions (EE) towards dementia patients and to identify factors associated with high and low EE.

Methods: We conducted qualitative descriptive research through semi-structured interviews with 64 family caregivers of dementia patients, regardless of cohabitation status, from 2021 to 2022. Each caregiver participated in three one-hour interviews over three months. We used the Family Attitude Scale (FAS), a validated 30-item, 5-point Likert scale, to measure EE. Higher scores indicate more critical emotions toward the dementia patient, with a maximum score of 120. Based on expert advice and data distribution, we set a cutoff point at 40; scores above 40 indicate high EE, while scores of 40 or below indicate low EE. Interviews focused on the caregivers' challenges, sources of encouragement, and support systems. Transcripts were analyzed using thematic analysis. The study received approval from the Clinical Research Ethics Committee of Osaka University Future Medical Center.

Results: High EE caregivers (scores above 40) reported themes such as: poor pre-existing family relationships, lack of a confidant, severe behavioral and psychological symptoms of dementia (BPSD) in the patient, unemployment,