The municipalities offers a home visit to the population at the ages of 75 and 80 years to assess the need of care and prevent sickness. These home visits are well established and might offer an unused opportunity to detect cognitive impairment and dementia.
Objectives: To assess impaired cognition at home visits in order to initiate clinical examination for dementia.
Methods: A feasibility study with the use of Brief Assessment of Impaired Cognition Questionnaire (BASIC-Q) (sensitivity 0.92, specificity 0.97) at home visits. It is expected to include 1000 participants without a dementia diagnosis at the ages of 75 and 80 years. Participants will be included in a period of 12 moths (in the year of 2022), in a number of municipalities.
If the screening for cognitive impairment is positive, the participant is motivated for clinical examination at the general practitioner. Follow-up through registers and general practitioners.
Results: Preliminary results will be presented at the conference.
Conclusions: Assessment of cognition might give an opportunity to start medication and social support early in the elderly with impaired cognition and undiagnosed dementia.

Disclosure: No significant relationships.
Keywords: screening; Dementia; cognitive impairment

EPV0946

The good compliance is an opportunity to avoid pathological brain aging

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Introduction: Preservation of health, increase in life expectancy determine the need to improve the effectiveness of medical recommendations, which, despite the success of pharmacology, are insufficient for reasons related to the low level of compliance with these recommendations by patients.
Objectives: Participants of the study-148 employees of medical institutions: 12 men, 136 women, their age ranged from 27 to 74 years.
Methods: Despite the absence of signs of decompensation of concomitant pathology, representatives of the subgroups took a different amount of concomitant therapy. Using the scale of assessment of drug compliance, it was found that compliance is most reduced in the subgroup of 41-50 years. In this subgroup, a comprehensive decrease in compliance across the “behavioral”, “emotional”, and “cognitive” domains was detected in 87.8% of cases, while in the younger subgroup partial non-compliance was 32.4%, in the older subgroup - 74.5%
Results: An analysis of the states of cognitive functions in 52 representatives of the middle age subgroup with low compliance rates showed that, unlike other representatives of the same subgroup, their indices for a number of neuropsychological tests are close to the results of more adult participants in the study.Individuals demonstrating low compliance with quite favorable CNS resources are at risk for the formation of pathological aging.
Conclusions: Compliance is considered as Compliance is considered as a control mechanism for preventing normal aging into pathological by regulating risk factors that are dangerous for the brain and associated with the formation of dementia

Disclosure: No significant relationships.
Keywords: compliance; pathological brain aging

EPV0948

Electronic smart-hub based intervention during COVID-19 in a rural Psychiatry of Old Age service in North-West Ireland.

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Introduction: The COVID-19 pandemic caused significant disruptions in services and necessitated innovation to continue care provision to the vulnerable population of older adults with psychiatric needs.
Objectives: The objective of this study was to examine the experiences of staff and patients using a hands-free electronic smart-hub (eSMART hub) intervention to keep patients connected with psychiatry of old age following COVID-19 restrictions.
Methods: A risk stratification register was created of all patients known to the Psychiatry of Old Age service in the North-West of Ireland to identify those at highest risk of relapse. These patients were offered a smart-hub with remote communication and personal assistant technology to be installed into their homes. Smart-hubs were also installed in the team base to facilitate direct device to device communication. Semi-structured qualitative interviews were conducted with 10 staff members and 15 patients at 6-12 months following the installation of the smart-hubs.
Results: The smart-hubs were utilized by the POA team to offer remote interventions over video including clinician reviews, regular contact with key workers and day-hospital based therapeutic interventions such as anxiety management groups and OT led physical exercises. Patients also used the personal assistant aspect of the hub to attend to personal hobbies such as accessing music and radio. Positive feedback related to companionship during isolation and connectivity to services. Negative feedback was mainly related to technology, particularly internet access and narrow scope of communication abilities.
Conclusions: Electronic smart-hub devices may offer an acceptable avenue for remote intervention and communication for isolated high-risk older persons.

Disclosure: The smart hub devices used in this study were donated by Amazon. However, the company was not involved in any other aspect of the study and the researchers have no significant financial interest, consultancy or other relationship with products, manufactur
Keywords: Covid-19; smart hub; Older Adults; technology

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