The person first: reflections about reminiscence, decision and person-centered attention to reduce the psychological impact of losses in Residential Care Facilities (RCF´s)

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Background: Although the losses associated with aging activate additional psychological resilience resources, dependency settings, which often require admission to Residential Care Facilities (RCF's), need adequate care so that the person can maintain his/her dignity and quality of life. The activation of mechanisms for regulating losses and the preservation of the identity and autonomy of the person respecting his/her decision-making capacity are central for the preservation of the well-being of people with dependence. Portuguese RCF's are mainly based on care models that are opposed to the models of attention centered on the person, which value the person's potential and decision-making capacity. The COVID-19 pandemic has tested RCF's, highlighting their weaknesses and limitations.

Objective: This study aimed to identify ways to improve the provision of care in RCF's during the pandemic.

Method: This is a qualitative study, with data collection through an online questionnaire. Participants were invited to indicate strategies to improve the provision of care to elderly residents in RCF's. The study included 198 RCF´s workers during the COVID-19 pandemic. Content analysis of the collected data was performed.

Preliminary results on the ongoing study: The results indicate that the strategies that RCF´s workers consider most necessary are at the level of human resources, also highlighting the need for greater proximity, affection and attention to residents, the personalization of care and the valorization of the resident person and his/her opinions. These are considered by the participants as central strategies for the quality of care and satisfaction of RCF´s workers.

Conclusion: The needs identified are in line with the guiding principles of Person-Centered Care. The use of reminiscence as a strategy for valuing the person and his/her identity, as well as the promotion of self-determination, evaluating and allowing the person to make decisions may be central to meeting the needs identified at the level of care. The necessary transition from RCF's in Portugal to paradigms of centered care is thus reinforced by the results of this study.

S4: Mild Behavioral Impairment. Assessment, biological and clinical factors in the cognitive impairment continuum

Symposium Overview

Dr. Onésimo Juncos-Rabadán, Faculty of Psychology, University of Santiago de Compostela, Spain

Mild Behavioral Impairment (MBI) is a diagnostic construct defined by the later-life emergence of persistent neuropsychiatric symptoms (for example, apathy, anxiety, depression, amongst others) displayed by older adults, with the aim to identify individuals at increasing risk of future dementia. The construct is also related to AD biomarkers including beta-amyloid, tau, and cerebral atrophy. For the assessment of MBI, researchers developed the Mild Behavioral Impairment Checklist (MBI-C) (Ismail et al., 2017) evaluating five domains: decreased motivation, affective dysregulation, impulse dyscontrol, social inappropriateness, and abnormal thought and perception.

The purpose of this symposium is to present four contributions that allow increasing our knowledge of the added value of MBI in clinical diagnosis of neurocognitive disorders.

Firstly, Dr. Maurits Johansson from Lund University (Malmö, Sweden) presents an overview of the role of MBI in the contemporary clinical diagnostic criteria for AD and some perspectives for treatment in the future.

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Then, Dr. Sabela C. Mallo from the University of Santiago de Compostela (Spain) and Dr. Byron Creese from the University of Exeter (UK) will talk on methodological issues regarding the MBI-C, the underlying structure of the instrument and the impact of the self and informant ratings in the results of the questionnaire.

Dr. Martin Vyhnalek from the Faculty of Medicine of Prague (Czech Republic) will discuss the MBI profile and severity in a sample of β-amyloid positive individuals with amnestic Mild Cognitive Impairment compared to Cognitively Normal older adults.

Lastly, Dr. Camilla Elefante and Giulio Emilio Brancati from the University of Pisa (Italy) will analyze the relationships and boundaries between MBI and late-life major primary psychiatric disorders in patients who attend to psychogeriatric settings.

Reference

Ismail Z et al. *J. Alzheimers Dis.* 2017; 56(3),929-938

The role of Mild Behavioral Impairment in a future era of Alzheimer's disease modifying treatments

Author: Maurits Johansson, MD, PhD, Lund University.

Early clinical risk markers of neurodegenerative diseases, such as Alzheimer's disease (AD), can be considered fundamental in a new era with novel disease modifying treatments on the horizon. Mild Behavioral Impairment (MBI) is a diagnostic construct defined by the later-life emergence of persistent neuropsychiatric symptoms (e.g. apathy, anxiety, depression, amongst others) displayed by older adults, with the aim to identify individuals at increased risk of future dementia. According to established MBI criteria the syndrome can co-occur with mild cognitive impairment due to a neurodegenerative disease or even precede it, and in fact, MBI is most meaningful when reported in conjunction with cognitive status, as MBI-associated risk is moderated by cognitive status. MBI symptomatology has been reported prevalent among older adults, as well as in patients with early stages of neurodegenerative disease. Symptoms of MBI are further associated with several clinically negative outcomes, such as a reduced quality of life, increased caregiver burden and earlier institutionalization. In support of the MBI construct, several previous reports have demonstrated MBI to be predictive of future cognitive decline, dementia, or AD. The construct is also related to AD biomarkers including beta-amyloid, tau, and cerebral atrophy. Intriguingly, an earlier study indicates that MBI even can precede memory deficits in its association with early tau deposition in cognitively unimpaired elderly with confirmed amyloid-beta pathology, strengthening its position as an early marker of dementing biochemical processes. Despite this growing evidence of being both prevalent and an early prognostic marker, MBI is still only given diminutive consideration in contemporary clinical diagnostic criteria for AD. Perhaps so since the added value of MBI in such criteria has rarely been investigated. Consequently, cognitively unimpaired subjects with positive MBI and AD biomarker status face the risk of not being eligible for a future disease modifying AD treatment since they formally do not fulfill AD diagnostic criteria. Hence, studies exploring the added value of MBI in clinical diagnostic criteria for neurocognitive disorders are prompted.

The assessment of Mild Behavioral Impairment (MBI): Some methodological issues

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Objective: The assessment of MBI involves two important issues: 1) to know the underlying structure of the Mild Behavioral Impairment Checklist (MBI-C) a questionnaire designed to evaluates Neuropsychiatric Symptoms (NPS) in pre-dementia states; and 2) to consider self and proxy (i.e., study partner) symptom ratings that may not capture comparable samples. Our objective is to give some answer to these questions: first, to analyze the underlying structure of the MBI-C at baseline and follow-up using Multidimensional Scaling (MDS) and two, to determine how self and proxy ratings and the choice of rating type impact in the results of the MBI-C.

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