Results The amount of food eaten by treated patients significantly increased 10.5% at 8 weeks after the initiation of rivastigmine transdermal patch therapy.

Comments This preliminary results might show favourable effects of rivastigmine transdermal patch therapy on AD patients with loss of appetite.

Disclosure of interest Study supported by Ono pharmaceutical co.

EW0208

Does participation in the Meeting Centre Support Programme change the stigma experienced by people with dementia?

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Introduction The Meeting Centre Support Programme (MCSP) is a community-based approach to support people living with dementia and their families. It was developed in the Netherlands and has been implemented in other European Countries (Italy, Poland and the UK) within the JPND-MEETINGDEM project.

Aims To assess the relationship between background characteristics of people with dementia participating in MCSP, mood, quality of life (QoL) and experienced stigma, and to explore if and how the experienced stigma changed after 6 months of participation in MCSP.

Methods A pretest (M1) post-test (M7) control group design with matched groups regarding severity of dementia was applied. In each country, a minimum of 25 participants using MCSP were compared with people with dementia receiving 'usual care'. Data were collected with the Stigma Impact Scale, Cornell Scale for Depression in Dementia, Global Deterioration Scale and two QoL scales (QoL-AD & DQoL). Differences in background characteristics were taken into account in the analyses.

Results The preliminary analysis on 116 participants at baseline shows that the level of stigma was low to moderate. People felt more socially rejected in the UK than in Poland and Italy. The level of perceived stigmatization appeared negatively correlated with QoL areas and positively correlated with negative mood. Changes after 6 months will be presented.

Conclusions It is expected that after 6 months people living with dementia participating in MCSP will experience less stigma, as in contrast with usual care MCSP promotes social integration of people with dementia and person-centered support.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EW0209

What predicts adjustment to aging among lesbian, gay and bisexual older adults?

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Introduction Intervention programs that highlight predictors of adjustment to aging (AtA) for minority older lesbian, gay and bisexual (LGB) populations are scarce.

Objective The aim of this preliminary study is to build a structural model to explore whether socio-demographic, health and lifestyle-related variables, are correlates of AtA in a group of LGB older adults.

Methods The sample comprised 287 LGB older adults aged 75 years old and older. Convenience sampling was used to gather questionnaire data. Measures encompassed the adjustment to aging scale, the satisfaction with life scale, demographics and lifestyle and health-related characteristics. Structural equation modeling was used to explore a structural model of the self-reported AtA, comprising all the above variables.

Results The structural model indicated the following significant correlates: perceived health ($\beta = 0.456$; $P < 0.001$), leisure ($\beta = 0.378$; $P < 0.001$), income ($\beta = 0.302$; $P < 0.001$), education ($\beta = 0.299$; $P = 0.009$), spirituality ($\beta = 0.189$; p <0 .001), sex ($\beta = 0.156$; $P < 0.001$), physical activity ($\beta = 0.142$; $P < 0.001$), satisfaction with life ($\beta = 0.126$; $P < 0.001$), and marital status ($\beta = 0.114$; $P = 0.008$). The variables explain respectively 76.4% of the variability of AtA.

Conclusions These outcomes suggest that policy making and community interventions with LGB older adults may benefit of including variables, such as, perceived health, leisure and income, as these were pointed out as significant for this group of older adults for promoting adjustment to aging in late adulthood.

Keywords Adjustment to aging; Lesbian; Gay and bisexual

Disclosure of interest The authors have not supplied their declaration of competing interest.

EW0210

Predictors of satisfaction with life among older adults

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Introduction Increasing longevity brings challenges for older adults' satisfaction with life (SWL).

Aims This study aims at exploring a structural model of predictors of SWL in a cross-national sample of older adults.

Methods A community-dwelling sample of 1234 older adults was assessed regarding SWL, sense of coherence (SOC) and socio-demographic, lifestyle and health-related characteristics. Structural equation modeling was used to investigate a structural model of the self-reported SWL, comprising SOC, socio-demographic characteristics (age, sex, education, marital and professional status, household, adult children, income, living setting and religion), lifestyle and health-related characteristics (physical activity, recent disease and medication).

Results Significant predictors are SOC ($\beta = .733$; $P < .001$), religion ($\beta = .725$; $P < .001$), income ($\beta = .551$; $P < .001$), adult children ($\beta = .546$; $P < .001$), education ($\beta = -.403$; $P < .001$), living setting ($\beta = -.292$; $P < .001$) and medication ($\beta = -.197$; $P < .001$). The variables accounted for 24.8% of the variability of SWL. Moreover, differences between the four nationality groups ($F_{(3, 671)} = 3.671$, $P = .066$) were not found concerning SWL.

Conclusions Sense of coherence is the strongest predictor of self-reported SWL. Other predictors are religion, income, adult children, education, living setting and medication. The four nationalities did not present significant differences, concerning SWL. This study highlights the factors that influence older adults' SWL, namely, SOC,