

Method: This study was conducted between October 2019 and December 2022. It followed the Medical Research Council (MRC) guidelines on complex interventions and focused on the development stage. The study consisted of multiple sub-studies, which all contributed to the Best Practice Guidance. The sub-studies included literature reviews, focus groups, an online survey, and interviews. All participants were people living with YOD.

Results: Participants described online peer support as their lifeline which gave them hope and a sense of purpose again, after an often very difficult diagnostic and post-diagnostic period. For people in rural areas or who were unable to travel, online was the only way in which they could connect with their peers. However, many were unaware that online peer support exists, what it entails, and how they could get involved. This indicates a need for better advertisement of and signposting to (online) peer support.

Conclusion: Online peer support can be beneficial for people with YOD. The Best Practice Guidance provides people with YOD with evidence-based information on what online peer support entails, facilitators with guidelines on how to optimize online peer support for people with YOD, and healthcare professionals with an opportunity to signpost people with YOD to online peer support.

User experience and analytics inform the development of an innovative telehealth curriculum: ROAD MAP (Recovery-Oriented Approach to Dementia through Meaningful Activity Participation)

Authors: Lesley Garcia, Martin Orrell, Justine Schneider University of Nottingham, School of Medicine, Academic Unit 1 Mental Health and Clinical Neuroscience, Institute of Mental Health, Nottingham, United Kingdom

Objective: To user-test a recovery-oriented, clinician-facilitated, web-based, self-management intervention accessible via mobile device: ROAD MAP. The initial programme theory underlying this research is that supporting the experiences of CHIME (connectedness, hope and optimism, identity, meaning in life and empowerment), in persons living with dementia (PLWD) will have health-promoting benefits for the PLWD.

Method: The intervention will be delivered to 20 dyads of community-dwelling PLWDs and their carers via a five-week, online, recovery-based curriculum. Five convenience-sampled occupational therapists (OT) will be trained online in a 10-hour training programme to deliver the intervention. All data collection instruments are informed by realist evaluation (RE) methodology and enquire into initial programme theories (IPTs) used to develop the curriculum and the ROAD MAP digital tool. Data collection, between January and March 2023, will occur during both the OT training and the five-week pilot study. The OT facilitators will provide qualitative feedback on the ROAD MAP technology. Data will be collected via pre-post self-completion forms, semi-structured interviews, a focus group, and weekly guided reflective journal. PLWD's self-reported, user experience will be live polled within the weekly one-hour long sessions of the pilot. Their digital usage analytics will be generated by the MyGuide platform on which the ROAD MAP intervention is built. These data will be manually screened for IPT relevance and used to test emerging programme theories.

Results: All data will be collected by end of March 2023 and analysed by end of May 2023. NVivo will be used to generate refined programme theories according to RE methodology. This will provide evidence of plausible, causal context-mechanism-outcome configurations which may optimize the refined version of the ROAD MAP digital intervention, curriculum and facilitator training methods.

Conclusion: This study will increase knowledge of a methodology for developing useable and acceptable recovery-oriented telehealth tools for PLWD. This intervention could directly enhance the education of health care professionals and improve the equitable delivery of dementia services.