

recruitment, data collection measures) were evaluated at each stage by PWMP and caregivers through qualitative (verbal feedback, interviews) and quantitative methods (ratings, questionnaires), to ensure they were feasible and acceptable.

**Findings:** Nine PWMP/caregiver dyads were recruited and completed the CREST intervention; attendance was consistently high (90-95%) throughout. The dyads reported that the recruitment materials, phone calls, and letters from the research team were helpful and easy to understand. Feedback from PWMP, caregivers, event attendees, and programme facilitators confirmed that the intervention content and delivery were acceptable. Minor changes were recommended, and changes which facilitated participation by the PWMP during this pilot (e.g., giving verbal rather than written feedback, larger-print handouts) were implemented immediately. The PWMP enjoyed the CST activities (e.g., collages, tasting childhood sweets) and the “bit of fun” the group shared; some also perceived improvements in concentration and confidence. The PWMP enjoyed the group Exercise sessions, particularly the social aspects (e.g., “banter”, exercising with partners), and some reported improved fitness and feeling less breathless. Caregivers felt better informed about managing dementia and communicating with PWMP and enjoyed sharing experiences with other caregivers. Attendees at the community and GP education events reported improved knowledge of dementia.

**Conclusion:** The involvement of the PWMP and caregivers was valuable to the iteration of the pilot CREST intervention. Consultations with both groups are ongoing to inform future research priorities.

## References

1. O’Shea, E., Cahill, S., et al. (2017). *Developing and implementing dementia policy in Ireland*. NUI Galway and Centre for Economic and Social Research on Dementia.
2. Casey, D., Gallagher, N., et al. (2020). The feasibility of a Comprehensive Resilience-building psychosocial Intervention (CREST) for people with dementia in the community: protocol for a non-randomised feasibility study. *Pilot and feasibility studies*, 6(1), 1-16.
3. McDermott, O., Charlesworth, G., et al. (2019). Psychosocial interventions for people with dementia: a synthesis of systematic reviews. *Aging & mental health*, 23(4), 393-403.
4. Junge, T., Ahler, J., et al. (2020). The effect and importance of physical activity on behavioural and psychological symptoms in people with dementia: A systematic review. *Dementia*, 19(3), 533-546.
5. Irving, K., Piasek, P., et al. (2014). *National educational needs analysis report*. Dublin: Dublin City University and Healthcare Service Executive.
6. Prince, M., Wimo, A., et al. (2015). The global impact of dementia: an analysis of prevalence, incidence, cost and trends. *World Alzheimer Report 2015*.

## 524 - Poststroke Depression in Greek elderly

**Afroditi Zartaloudi<sup>1</sup>, Panagiotis Papadopoulos<sup>2</sup>, Anastasia Papadopoulou<sup>2</sup>, Eirini Grammatopoulou<sup>1</sup>, Anna Kavga<sup>1</sup>**

<sup>1</sup>University of West Attica, Athens, Greece

<sup>2</sup> Graduate of the post-graduate program "Neurological Diseases: Evidence based practice", University of West Attica, Athens, Greece

**Introduction:** Stroke is the third leading cause of death and one of the most common causes of disability and depression. Depression, which is the most common disorder after stroke, is associated with limited functionality, reduced self-care, and increased mortality.

**The aim** of the present study was to investigate the presence of depressive symptomatology and the degree of functionality in patients after stroke. Additionally, the relationship between the above parameters, as well as their correlation with socio-demographic characteristics and clinical factors of these patients were explored.

**Method:** A total of 110 patients after stroke (69 men and 41 women) with a mean age of  $69.3 \pm 13.7$  years were recruited and completed (a) a sociodemographic-clinical questionnaire, (b) the Center for Epidemiological Studies-depression (CES-D) scale, and (c) Barthel Index.

**Results:** 76.4% of the participants had ischemic stroke; while the 76.4% were married and the 60% were retired. The 74.5% of our study participants were at risk for depression. 33.6% of our sample were receiving antidepressant treatment. Patients living alone had a higher depressive symptomatology score. Depression was significantly correlated negatively with patients' degree of functionality and independence. Of the participants in our sample, a percentage of 14.5% had received a disability pension, while 6.4% stated that they had no employment for health reasons, which is indicative of the disruption of their functioning.

**Conclusions:** The onset of depressive symptoms is common among survivors after stroke. Lonely living, as well as loss of functionality may lead to the appearance of depressive symptoms. Early detection and management of depression may facilitate patient's compliance to the rehabilitation program in order to achieve optimal therapeutic results and ensure a better quality of life.

### 525 - Anger expression among survivors after stroke in Greek elderly

**Afroditi Zartaloudi<sup>1</sup>, Anastasia Papadopoulou<sup>2</sup>, Panagiotis Papadopoulos<sup>2</sup>, Eirini Grammatopoulou<sup>1</sup>, Anna Kavga<sup>1</sup>**

<sup>1</sup>University of West Attica, Athens, Greece

<sup>2</sup>Graduate of the post-graduate program "Neurological Diseases: Evidence based practice", University of West Attica, Athens, Greece

**Introduction:** Individuals may consider stroke complications as a threat to their well-being and self-esteem. Anger often occurs in patients after stroke and can disrupt the course of patient's recovery.

**The aim** of the present study was to investigate anger expression and degree of functionality in patients after stroke. Additionally, the relationship between the above parameters, as well as their correlation with socio-demographic characteristics and clinical factors of these patients were explored.

**Method:** A total of 110 patients after stroke (69 men and 41 women) with a mean age of  $69.3 \pm 13.7$  years were recruited and completed (a) a sociodemographic-clinical questionnaire, (b) the State - Trait Anger Expression Inventory and (c) Barthel Index.

**Results:** 76.4% of the participants had ischemic stroke; while the 60% were retired. and the 20% of the sample showed severe to total dependence on self-care of basic parameters such as mobility, personal hygiene, feeding, incontinence and standing alone using the toilet. There was a positive statistically significant correlation between the degree of functionality and anger control. Patient, who were more independent and functional, exhibited more control of their anger. Women had statistically significant lower functionality/ independence score (BI) and anger-in score than men. Finally, patients with a history of prior stroke had higher anger-out score compared to patients with no previous history.

**Conclusions:** People with a previous history were more likely to suffer from greater and / or permanent functional impairment, disability, dependence, and experience emotional distress for longer periods of time. Women usually take care of other family members. Their inability to fulfill their role as well as their own dependence make the situation even more stressful, resulting in expressing anger. The results can be exploited by health professionals in order to recognize patients' difficulties in rehabilitation programs.