

POSTER PRESENTATIONS

ADULT NEUROLOGY (CNS)

DEMENTIA AND COGNITIVE DISORDERS

P.001

Rate of cognitive decline in dementias in patients from rural and remote Saskatchewan

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Background: To determine whether there is a difference in the average annual rate of decline in Mini Mental Status Examination (MMSE) scores between those with Alzheimer's disease, vascular dementia, frontotemporal dementia and dementia with Lewy bodies. **Methods:** We conducted a retrospective chart review of 225 consecutive patients with dementia who attended the Rural and Remote Memory Clinic in Saskatoon, Saskatchewan. The data collected included MMSE scores and demographic information. Statistical analysis with ANOVA compared the average the annual rate of decline in MMSE score between patients with different types of dementia. **Results:** There was no statistically significant difference in the rate of MMSE score decline between these groups. Patients with frontotemporal dementia and vascular dementia were referred to the clinic at younger ages than those with Alzheimer's disease and dementia with Lewy bodies. **Conclusions:** The rate of decline in MMSE did not differ between these four types of dementia. Patients with frontotemporal dementia and vascular dementia often experience cognitive decline earlier in life than those with Alzheimer's disease and dementia with Lewy bodies.

P.002

Quality of life across types of dementia in rural and remote memory clinic patients

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Background: Quality of life (QOL) is of great importance in dementia. We examined QOL across types of dementia in patients presenting to a rural and remote memory clinic (RRMC). **Methods:** This analysis included 343 RRMC patients seen between 2004 and 2016. Patients were diagnosed with mild cognitive impairment (MCI, n=74), frontotemporal dementia (FTD, n=42), Alzheimer's disease (AD, n=187), vascular dementia (VD, n=22), or Lewy Body dementia (DLB, n=18). Patients and caregivers completed questionnaires at their initial visit. Data collection included patient-rated patient QOL (QOL-PT), caregiver-rated patient QOL (QOL-CG), MMSE score, age, and other patient demographics. Statistical analysis assessed patient variables and differences in QOL across types of dementia using one-way ANOVA, χ^2 tests, and t-tests. **Results:** QOL-PT did not differ by diagnosis, whereas QOL-CG did. QOL-CG was significantly higher in MCI (34.6 \pm 7.1) compared to FTD (30.9 \pm 5.2) and AD (31.7 \pm 5.9). QOL-PT and QOL-CG differed in

certain dementia types. QOL-PT was significantly higher than QOL-CG in MCI (QOL-PT=37.3 \pm 5.0, QOL-CG=35.3 \pm 7.3), FTD (QOL-PT=37.2 \pm 6.1, QOL-CG=31.7 \pm 5.5), and AD (QOL-PT=37.0 \pm 9.7, QOL-CG=32.1 \pm 5.9). **Conclusions:** We found that QOL-PT does not differ across dementia types, QOL-CG is higher in MCI compared to FTD and AD, and patients rate their own QOL higher than their caregivers do in MCI, FTD, and AD.

P.003

Differences between younger and older dementia patients at a rural and remote memory clinic

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Background: Young-onset dementia (YOD) patients and their caregivers face unique challenges in diagnosis and management. We aimed to compare the characteristics of rural YOD and late-onset dementia (LOD) patients. **Methods:** A total of 333 consecutive patients (YOD=61, LOD=272) at a rural and remote memory clinic between March 2004 and July 2016 were included in this study. Each patient had neuropsychological assessment. Health, mood, function, behaviour, and social factors were also measured. Both groups were compared using χ^2 tests and independent sample tests. **Results:** YOD patients were more likely to be married, employed, current smokers, and highly educated. They reported fewer cognitive symptoms, but had more depressive symptoms. YOD patients were less likely to live alone and use homecare services. YOD caregivers were also more likely to be a spouse and had higher levels of distress than LOD caregivers. **Conclusions:** Our findings indicate YOD and LOD patients have distinct characteristics and services must be modified to better meet YOD patient needs. In particular, the use of homecare services and caregiver support may alleviate the higher levels of distress found in YOD patients and their caregivers. Additional research should be directed to addressing YOD patient depression, caregiver distress, and barriers to services.

EPILEPSY AND EEG

P.005

Long-term retention on adjunctive brivaracetam in adults with focal seizures and previous carbamazepine, lamotrigine, levetiracetam, or topiramate use: Post-hoc analysis

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Background: Previous post-hoc analysis of three 12-week, double-blind, placebo-controlled trials of adjunctive brivaracetam (BRV) in patients with focal seizures demonstrated similar efficacy