

Conclusion: Lithium treatment may protect older bipolar patient, even those at high risk for CVD, from atherosclerotic development. Furthermore, persistent inflammatory activation, particularly macrophage activation, may be associated with the accelerating development of atherosclerosis.

### **531 - Dementia prevention and utilising the "teachable moment" in the New Zealand context**

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Dementia is a debilitating disease with wide-reaching impacts. Up to 40% of dementias are estimated to be preventable through modifiable risk factors, which is essential as no disease-modifying treatments are currently available. A literature review was performed using the OVID database, Google Scholar, and following references. Dementia as a key word was combined with the following key words: education, prevention, risk reduction, risk perception, family members, adult children, health promotion, behaviour change, Maori Health, health literacy, healthy aging, behavioural intervention, attitudes, teachable moment, psychoeducation.

This presentation discusses that while evidence for dementia risk reduction is present in academia, the general population's dementia health literacy remains inadequate. The teachable moment offers an alternative to this by targeting individuals at higher risk and most receptive to behavior change, namely the family members of the patient diagnosed with dementia. It is showing promise thus far in other health contexts such as smoking cessation.

New Zealand Māori represents a vulnerable population who are over-represented in statistics for increasing dementia risk. A challenge is how this teachable moment can be utilized in the Māori population in a culturally appropriate way. Interventions need to utilize more effective methods than mass public education. We suggest that utilizing the teachable moment of a family member's dementia diagnosis would prove more effective.

We propose that the Maori model of health, "Te Whare Tapa Wha", created by Mason Durie in 1994, encompasses this aspect of prevention in the family members of those with dementia which is often neglected in an old age psychiatry context. This model is created with taha tinana (physical), taha Whānau (family/social), taha wairua (spiritual), and taha hinekaro (mental/emotional components). It is based on a whare (house) structure where the different principles make up the walls. All walls are needed for a sturdy structure, demonstrating the importance of all the aspects concerning Māori health. This model not only is important for Maori, but has important lessons for all New Zealanders and the importance of Whanau (family) in people with dementia, not only in terms of caregiver support but also in terms of the teachable moment and dementia prevention.

### **532 - "Mapping the Lived Experiences: The Dyad Journey of People with Agitation in Alzheimer's and Their Care Partners"**

**Presenter(s)** Mary Chi Michael

#### **Organization(s)**

- Chair, The Global Council on Alzheimer's Disease
- Vice President of Patient Advocacy and Stakeholder Management, Otsuka America Pharmaceutical, Inc.

#### **Abstract (400 words)**

A substantial amount of analysis has been dedicated to understanding the individual journeys of the "patient" and the "caregiver" in Alzheimer's disease. This work has provided valuable insights, but a few priorities remain:

- how is the lived experience journey in Alzheimer's shaped by the complexities of agitation and other behavioral aspects of the disease;
- how can insights from "social listening" analysis structure our understanding of these journeys;
- how can we understand the dyad journey of the person with Alzheimer's and the care partner as well as the interactions therein, particularly through the lens of agitation.

This project, "Mapping the Lived Experiences" recasts the Alzheimer's journey to better reflect these priorities. We offer a visual interpretation of the journey with the rationale and proof points that underpin it.

"Mapping the Lived Experiences" prioritizes agitation and other behavioral aspects of Alzheimer's as pivotal, enduring challenges on the disease journey. We frame the journey into two overarching phases: "the first loss," which accounts for the more widely recognized symptoms of the disease, such as memory loss and declining cognitive function; and "the second loss," which is characterized by agitation and behavioral aspects of the disease. We structure the journey around "milestone moments" – moments when both the person with Alzheimer's and the care partner recognize that the disease has taken a major progression.

The "milestones" moment framework reflects an interpretive framework developed through an ongoing "social listening" research project. This social listening research allows analysis of the online conversation as it is happening in social channels and discussion boards, and it provides a poignant counterpoint to quantitative market research insofar as it illuminates the unfiltered, unmitigated experiences as articulated by the people who are learning in real-time to manage and live with Alzheimer's. From social listening insights and analysis, our research posits that journeys – for both the person with Alzheimer's and the care partner – are not linear, straight-line trajectories, but jagged, fragmented paths marked by "milestone moments" that shape thinking, understanding, and behavior.

"Mapping the Lived Experiences" offers a dyad visualization and articulations, as it fuses the journeys of the person with lived experience and the care partner together in the same visual space. This approach reveals how, over time, these journey relate, inform, and ultimately depart from one another. This dyad offers new insights into both the lived experience and care partner journeys.

### **533 - "Agitation and End-of-Life: Towards an Advance Directive that Prepare for Agitation and Behavioral Symptoms in Alzheimer's Disease"**

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#### **Abstract (400 words)**

Advance Directives provide legal documentation of a person's wishes regarding medical treatment and care, allowing people and their families to decide in advance how care and treatment should be provided at end-of-life when a person is no longer capable of making independent decisions. For people living with advanced stages of Alzheimer's, Advance Directives give specific, life-altering instructions to ensure a person's will is being met. Yet Advance Directives that anticipate for the eventualities of Alzheimer's Disease often fail to specifically prepare for the care and treatment decisions prompted by agitation and other behavioral aspects of the disease. This is a major oversight.