

Background: The Neuroscience Group of Antioquia (GNA) developed a Home Health program to assist patients and families with neurodegenerative diseases whose health status does not allow them to receive care at the GNA center. It is a scheduled visit, free of charge and performed by psychologists, nurses and physicians who offer comprehensive care, education in caretaking and good interactions among the healthcare team, patient, family and social environment. **Methods:** A statistical analysis was performed, and it allowed us to establish central tendency measures for the variables: sex, geographic location, housing, reason for consultation, diagnosis, stage of the disease, behavioral problems, type of caregiver and post mortem brain donation. **Results:** A total of 70 patients were visited during 2016: 68.6% were female, 84.3% were living with their relatives and 15.7% in nursing homes, 58.6% were residing in Medellin and 41.4% in other municipalities of Colombia. Among the people who assumed the role of caregiver 27.1% were the patient's siblings and 24.3% the patient's children. The diagnoses were: genetic Alzheimer's Disease due to PSEN1 E280A mutation (70.4%), sporadic Alzheimer's disease (14.1%) and other neurodegenerative diseases (7%) such as Parkinson's Disease, Dystonia, Lateral Amyotrophic Sclerosis and Huntington's Disease. The main reasons for consultation were tonic-clonic seizures and/or myoclonus (28.5%), behavioral problems (65.7%), and severe stage of dementia (96.7%). Of all deceased patients in 2016, 75% donated their brain to the "Neurobanco" of GNA – only brain bank in Colombia. **Conclusions:** The Home Health program had bilateral benefits; it allowed patients and their families to improve their quality of life, and families of deceased patients helped science advancement through brain donation. The program also improved the participation in different research projects, including clinical trials and tissue donation.

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PARTICIPATING IN UNDERGRADUATE HEALTHCARE PROFESSIONAL DEMENTIA EDUCATION: THE EXPERIENCE OF PEOPLE WITH DEMENTIA AND THEIR CARERS



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Background: The aim of the Time for Dementia programme is to equip undergraduate healthcare professionals with the necessary skills, attitudes and knowledge to work effectively with people with dementia and their carers. The programme has been established at the Brighton and Sussex Medical School and University of Surrey, whereby medical, nursing and paramedic students visit a family (person with dementia and their carer) in pairs over a two year period. The programme has involved 1100 students and over 600 families since its inception in 2014. A mixed methods evaluation of the programme is being undertaken; which includes assessment of the experience of the families taking part. **Methods:** Family outcomes are collected mid-way (12 months) and at the end of the programme (24 months), and include a satisfaction survey with all family participants and qualitative interviews. The survey seeks to ascertain quantitative assessment of satisfaction with the programme as well as the opportunity to provide free-text responses. 12 month survey quantitative results were assessed using SPSS, and free-text comments were analysed using thematic analysis. 12 month qualitative interviews were carried out with a random sample of families in order to explore motivation to join the programme and mid-way experience of the programme. Interviews were audio recorded,

transcribed verbatim and analysed using grounded theory techniques. **Results:** Satisfaction surveys were completed by 199 people with dementia and 272 carers. 93% of participants perceived that they had been able to directly influence the dementia learning of students. Qualitative interviews were undertaken with 18 families. Significant factors in the experience of families included the perception of 'making a difference', enjoyment and a perceived benefit to the person with dementia, student attributes and 'fit' with students. Motivation to join and remain in the programme was most commonly linked to a desire to improve dementia care and awareness as well as altruism. **Conclusions:** These findings highlight the positive benefits of contributing to undergraduate healthcare professional dementia education for people with dementia and their carers. The findings also make clear the factors which need to be addressed in the recruitment and on-going engagement of families within large education programmes.

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IMPACT OF THE CMS NATIONAL PARTNERSHIP TO IMPROVE DEMENTIA CARE ON USE OF ANTIPSYCHOTICS AND OTHER PSYCHOTROPICS IN LONG-TERM CARE IN THE UNITED STATES



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Background: The Centers for Medicare and Medicaid Services (CMS) National Partnership to Improve Dementia Care in Nursing Homes (CMSNP) began in June 2012 with the stated goal of improving the standard of dementia care provided in long-term care settings. However, the primary quality measure was use of antipsychotic medications. While antipsychotic use has declined with the CMSNP, it is unclear if that is a result of increased use of non-pharmacological strategies (i.e., taking the place of antipsychotics) vs. compensatory increases in use of other psychotropic medications. **Methods:** We used a national 20% sample of Medicare Parts A, B, and D and identified beneficiaries in long-term care between 2008 and 2013. We determined the quarterly prevalent use of antipsychotics and other psychotropic medications (mood stabilizers, antidepressants, non-benzodiazepine [BZD] sedative-hypnotics [Medicare Part D did not cover BZD during the entire study period]). For this analysis, we compare rates of psychotropic use in the quarter before CMSNP began (April-June 2012) and the final quarter of 2013 (Oct-Dec 2013), with rates compared by Z-test. **Results:** The sample included 343,981 residents of long-term care; the mean age was 77.8 years (standard deviation 13.7y). 69.4% were female; 80.2% were non-Hispanic white and 11.7% were African-American. The overall rate of antipsychotic use decreased from 20.8% to 18.7% ($p < 0.001$). The prevalence of antidepressants and non-BZD sedative-hypnotics both decreased as well (44.3% to 43.9% and 7.8% to 6.9%, respectively; both $p < 0.001$), while the use of mood stabilizers increased from 19.7% to 21.0% ($p < 0.001$). While BZD were not covered by Medicare pre-CMSNP, by the end of 2013 (when Part D began to cover BZD), BZD were prescribed to 20.6% of the residents. The overall rate of non-antipsychotic psychotropic use, including the newly-covered BZD, appears to have increased from 54.8% to 58.7% ($p < 0.001$). **Conclusions:** While the first 1.5y of CMSNP appears to have led to reductions in antipsychotic use, use of mood stabilizers, possibly as a substitute treatment for BPSD, increased. This suggests that, rather than increasing use of non-pharmacological or ecobiopsychosocial interventions to address BPSD, facilities and providers may have responded by substitution of other non-antipsychotic psychotropic medications.