

the effect of a post hospital discharge transitional care program on reduction of nursing home placement in people with dementia.

**Methods:** A matched case-control study was conducted between 2018 and 2021. A transitional care program using case management approach was developed. Participants enrolled the program by self-enrolment or referral from hospitals or NGOs. Community-dwelling people with dementia discharged from hospitals received a four-week residential care at a dementia care centre with intensive nursing care, physiotherapy and group activities promoting social engagement, followed by eight-week day care rehabilitation activities to improve their mobility and cognitive functioning. They were matched on a 1:5 ratio by age and sex to people with dementia discharged from a convalescent hospital who did not participate in this program for comparison. The study outcome was nursing home admission, measured three months (i.e. post-intervention), six months, and nine months after hospital discharge. Multinomial logistic regression was conducted to investigate factors associated with nursing home placement at each measurement time-point.

**Results:** 361 hospital admission episodes (n=67 intervention, n=294 control) were examined. The regression results showed that participants in the intervention group were significantly less likely to be admitted to nursing home three months (OR = 0.023, 95% CI: 0.003-0.201, p = .001) and six months (OR = 0.094, 95% CI: 0.025-0.353, p = .001) than the controls after hospital discharge, but the intervention effect did not sustain nine months after hospital discharge. Longer hospital length of stay, and hospital admission due to dementia, mental disturbances such as delirium, or mental disorders IPA\_Abstract\_PDP\_20230119\_clean 2 such as schizophrenia significantly predicted nursing home admission three months and six months after hospital discharge.

**Conclusion:** The transitional care program could help reduce nursing home placement in people with dementia after hospital discharge. To sustain the intervention effect, more continual support after the intervention as well as family caregiver training would be required.

## P22: Moral-relational learning from experiences for person-centred care

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**Objective:** Lately, there is a growing interest around person-centred care in long-term care. Providing care that meets the wishes and needs of residents is essential but also challenging. Studies on implementing person-centred care point to a gap between theory and practice and argue that education is important in reducing this gap. What is not yet clear is how this education should be organized. The theory of care ethics states that a moral-relational attitude is necessary in order to achieve this. This attitude is not achieved by only focusing on formal knowledge but can be found in the care staff's implicit and experiential knowledge. Therefore, we examined how care staff can learn about person-centred care in a moral-relational way using their own experiences.

**Method:** In 2020-2022, we conducted an action research in two care home locations. Care staff started by collecting their experiences on the ward. Afterwards, they reflected on these experiences in order to learn more about good and person-centred care. This study reports on the evaluation of the study (after year one and two) in interviews (n=17) in which care staff shared perspectives on working with experiences. The transcripts of the interviews have been thematically analysed.

**Results:** Care staff stated that working with experiences increased awareness, giving them feelings of more control and pleasure in their work. Sharing experiences also created more context, providing care staff with guidelines for doing the right thing for the resident. This richer context was created due to the freedom they had to share their subjective experience, which worked empowering. Care staff also felt that it is necessary to reflect

on experiences. Using their own experiences spoke directly to the imagination, through which they felt recognized and acknowledged.

**Conclusion:** Working with experiences in the daily care routine contributes to moral-relational learning and providing person-centred care to residents. This requires a different view of learning, in which primarily the experiential and tacit knowledge of care staff, and a communitive space for moral-relational learning.

## **P23: Suicide Prediction in late-life depression by Machine learning and Complexity analysis in resting-state functional MRI data**

**Author:** Chemin Lin

**Objective:** Late-life suicide is the most serious consequences of late-life depression (LLD). Nevertheless, suicidal behavior is complex and hard to predict. With the help of MRI scans and machine learning algorithm, we aim to examine the neural signatures of suicidality in patients of LLD.

**Methods:** We recruited 83 patients of LLD with a mean age of 68.8 years, where 48 were suicidal (26 with suicidal ideation and 22 with past suicide attempts). Cross-sample entropy (CSE) analysis was employed to analyze the resting-state function MRI data. Three-dimensional CSE volume in 90 region-of-interest of the brain in each participant was input into convolutional neural networks (CNN) to test the classification accuracy of suicidality.

**Results:** After six-fold cross-validation, we found several regions in the default mode, fronto-parietal, and cingulo-opercular resting-state networks to have a mean accuracy above 75% to predict suicidality. Moreover, the models with right amygdala and left caudate provided the most reliable accuracy in all cross-validation folds, signifying their unique roles in late-life suicide.

**Conclusion:** Our results provide potential targets for intervention or biomarkers in late-life suicide. More research must be conducted to consolidate our results with scalable implementation in clinical setting.

**Key words:** Suicide; Suicide attempt; Machine learning; Convolutional neural network; Cross-sample entropy; resting-state fMRI; older adult;

## **P27: Pilot study of telephone peer support for inclusion of people living with cognitive decline in urban areas**

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**Objective:** During the spread of infectious diseases, social isolation increases among the elderly with cognitive impairment. The telephone may be a traditional but realistic and reliable tool to prevent social isolation. We report here a pilot study to examine the effects of regular telephone communication on elderly people with cognitive decline living in urban areas.