5) Finally, staff follow two consecutive, practical-oriented team-trainings. They will learn what PCC means for their daily practice and how to reflect on it. The most effective part is the reflection on examples of their own clients, and get more aware of their own behavior. In between trainings, HCP will carry out a practice exercise and provide feedback in session two.

In an early stage of the intervention we discuss the possibilities and adjust the approach to the needs and situation (culture, level of knowledge etc.) of the LTCF. Involvement of all the staff in the intervention is essential, so everyone speaks the same 'language' and staff can rely on each other. Based on experience, these factors contributes to a sustainable way to implement PCC in LTCFs.

515 - Developing an observational instrument for people with somatic care needs to review Person-Centred Care in Nursing Homes

Claudia van der Velden, Elsemieke van Belzen, Henriëtte van der Roest

Healthcare professionals working with people with dementia (PwD) increasingly apply a person-centred care (PCC) model instead of task-oriented models of healthcare. Several studies have shown positive results of PCC on the quality of life of PwD. The PCC-model has not only shown positive results in the quality of life of PwD, but also for people with somatic needs.

Dementia Care Mapping (DCM) is a dementia-specific observational tool that is used worldwide in long-term care facilities (LTCFs) for developing PCC-practice, but also to review staff development- and training needs. LTCFs providing care for people with somatic needs also have the need of a instrument like DCM, but nothing specific is available. In this project we develop, together with a Dutch nursing home and DCM-Netherlands, a method that suits this target group with the same aims as DCM.

An iterative design has been applied. Based on a literature search and experience of the project group, a method has been developed. This method consists of three main components: (1)group observation with components of DCM, (2)structured interviews with residents and (3)feedback sessions with professionals and individual feedback for residents. To determine if the method meets the needs of practice, several expert groups (residents, informal caregivers and nursing staff) where asked about the content and feasibility using interviews/focus group. Furthermore in a pilot, the method will be tested by experienced DCM-mappers in practice, based on the outcomes of this pilot adjustments will be made.

We are currently in the pilot phase and expecting to finalise the method with instruction manual coming summer. First feedback of the project- and expert groups are very positive. The nursing staff endorse the need of this instrument, and also feel it contributes to a better PCC-attitude. On the other hand, they emphasize that implementation can be challenging, because of time constraints in daily care.

516 - A more integrative approach to better match treatments to long-term care residents: Preliminary results of a meta-analysis
Abstract

Author List: Ine Declercq, Ruslan Leontjevas, Susan Van Hooren, Debby Gerritsen

Background: Depression is common among long term care (LTC) residents and has a considerable impact on their quality of life. Therefore, there has been an increased interest in interventions aiming at the reduction of depression among LTC residents. These interventions could be described as formal depression care and include psychosocial interventions (e.g., Creative Arts Interventions), psychotherapeutic interventions (e.g., Life Review) and/or (neuro-)biological interventions (e.g.,

psychopharmacotherapy). Previous research on the effectiveness of formal depression care suggests that treatments should be more individually tailored. Tailoring treatments, however, is a time- consuming process which may hinder the implementation in LTC. A more integrative approach targeting specific groups of nursing home residents is therefore preferred and may benefit both residents and staff. To do so, insight in moderator effects is needed to better understand and better match treatments to specific groups of LTC residents.

Objectives: The aim of this study is to provide insight into (1) the effectiveness of interventions, (2) the influence of residents' characteristics (e.g., residents with cognitive impairment versus residents with physical disabilities) and/or (3) the influence of contextual factors (e.g., group-based versus individual therapy) which may have an impact on the effectiveness of interventions.

Eligibility criteria: Various databases (e.g., EBSCO, PubMed, COHRANE Library) are searched using a predefined search string, combining terms concerning our PICO elements (e.g., "Nursing Home Residents" (P), "Treatment" (I), "Depression" (O)). We only include a) randomized controlled trials investigating the use of formal depression treatments (independent variable), b) among LTC residents and, c) having used a standardized measurement tool for, d) depression (dependent variable). Results of this systematic search will be presented.

Method of synthesis: Eligible studies will further be screened and assessed for residents' characteristics and/or contextual factors. A random-effects model will be used to calculate the pooled standardized mean difference (SMD) and to assess the strength of the effects of formal depression treatments on depression. Further subgroup-analysis and meta-regressions will be used to assess the potential moderator effects.

Conclusion: To better match treatments to LTC residents, more insight into the effectiveness, moderator effects and core components of the applied interventions is needed.

517 - Informal and Formal Depression Care in Nursing Homes (InFormeD): Study protocol of a six month cohort study to better match treatment with residents

Abstract

Author List: Ine Declercq, Ruslan Leontjevas, Inge Knippenberg, Susan Van Hooren, Patricia De Vriendt, Debby Gerritsen

Background: Depression is common among nursing home residents and has a considerable impact on their quality of life. Therefore, there has been an increased interest in interventions aiming at the reduction of depression among nursing home residents. These interventions could be categorized into formal and informal depression care. Formal care includes psychosocial, psychotherapeutic and/or (neuro-)biological interventions. Informal care can be provided by nursing home staff, alongside the formal care (e.g., letting sunlight into the room when one believes in the positive effects of daylight). Although many studies have been done about depression treatment in nursing homes, there is still a lack of insight into the effectiveness of interventions and how they differ among specific target groups (e.g., residents with cognitive impairment versus residents with physical disabilities). Moreover, research into informal care is rather rare. More insight is needed into the effect of formal and informal depression care and the mutually reinforcing effects of those strategies on nursing home residents. This insight is essential to better match treatments with residents and to provide a more comprehensive approach to counter depression.

Objectives: The aim of this study is to gain insight in the use of formal and informal depression care and their associations with depression among nursing home residents.