

**Objective:** To analyze the associations between anxiety/depression symptoms and QoL in patients with chronic stroke, during and after discharge from UCCI.

**Methods:** An observational, longitudinal and descriptive study was carried out with patients with a clinical history of stroke discharged from hospitals in Portuguese central area, aged  $\geq 65$  years, without dementia diagnosis. Patients were observed at admission at the rehabilitation unit, discharge, and 6 and 12 months after discharge, and data were collected through a protocol composed of several self-completion instruments, namely the Hospital Anxiety and Depression Scale (HADS) and Stroke Specific Quality-of-Life Scale (SS-QoL). Data on clinical and demographic variables were collected and analyses performed to describe associations with HADS scores. Data were collected from August/2020 to July/2022 and analyzed using SPSS®, V.26.0.

**Results:** A cohort of 154 stroke patients was assessed (M/F ratio=1.8, age  $75 \pm 9$  years). Anxiety scores were 6.8(4.8) (6 months) and 5.8(4.1) (12 months). Depression scores were 8.7(5.3) (6 months) and 8.1(4.7); (12 months). Anxiety total score at 6 months was significantly related ( $p < 0.05$ ) with 3 domains of SS-QoL (Personality, Social Role and Work/Productivity). However, no differences were found at 12 months. Depression was significantly related with all domains of SS-QoL except Vision ( $p < 0.05$ ).

**Conclusion:** HADS score for anxiety were normal (0-7) at 6 and 12 months; however, depression remain in the Borderline abnormal classification (8-10), 6 and 12 months after stroke, which appear to have a negative impact in almost all SS-QoL domains of patients with chronic stroke. The current study highlights the need to prevent depression symptoms after stroke as this can negatively affect the functional recovery of the entire ongoing rehabilitation process.

## **P97: Can Death Cafés contribute to the creation of a “death-inclusive society” that will be the ground for the Advance care planning?**

**Authors:** Kae Ito, Mayumi Hagiwara, Tsuyoshi Okamura

**Objective:** The aim of this study was to examine the potential contribution of Death Cafés to the creation of a society that is inclusive of death, which is necessary for ACP, through an analysis of the motivations and orientations of Death Cafés hosts to run Death Cafés.

**Methods:** Interviews were conducted with 16 host of Death Cafés. Interview transcripts were segmented, coded and categorized, focusing on motivations and orientations for running Death Cafés.

**Results:** Motivation for running Death Cafés were categorized into four categories: “The bereavement experience of the host”, “The identity crisis of the host”, “Dissatisfaction with a society in which death is taboo”, and “Unlocking new possibilities for Buddhist temples”

The orientation of Death Cafés was categorized into two categories. Namely, “Personal growth” and “Community development”.

Attitudes towards the attendees with grief were categorized in two categories. “Not mentioned” and “Welcome participation/refer to more appropriate projects”.

The characteristics of the host and venue were categorized as “Buddhist monk and/or Buddhist temple” and “Other”.

The relationship between these four factors was examined. When the host's bereavement experience was the motivation for starting the Death Cafés, they tended to regard death as an overwhelming experience and to run

an individually oriented Death Cafés with the intention of personal growth. When the motivation for starting the Death Cafés was dissatisfaction with a society that considered death a taboo subject, attitudes towards death tended to be neutral and the café tended to be socially oriented with the intention of community development. Where the motivation for starting the Death Cafés was to expand the possibilities of the Buddhist temple, which was one of the subcategories of "Community development", attitudes towards death were neutral and café tended to be both individual and socially oriented.

**Conclusion:** Death Cafés held in Buddhist temples may have the potential to contribute to the creation of a death-inclusive society in Japan and could be an ACP implementation strategy.

## **P101: Factors Associated with Psychotropic Use in People with Dementia Living in Their Own Homes in the Community: A Systematic Review and Meta-Analysis**

**Authors** Kerryn Loftus, Anne Wand Juanita Breen Glenn Hunt, Carmelle Peisah

**Background:** Most people living with dementia do so at home, comprising approximately 30 million people globally. Despite extensive research on psychotropic medication use in long-term care settings, there has been little comparative research looking at psychotropic use in people living with dementia at home.

**Objectives:** The study aim was to systematically review the literature to identify factors associated with psychotropic medication use in people living with dementia at home.

**Methods:** The PROSPERO-registered review was conducted using PRISMA guidelines. A comprehensive search of four databases (2010 to 2020) was undertaken for the systematic review to identify empirical studies. A combination of MESH search terms for dementia, community-dwelling, and psychotropic medications were used. Suitable data were subject to meta-analysis using Comprehensive Meta-Analysis to calculate raw data to event rates and pooled, adjusted event rates for different modifier sub-analyses. Thematic analysis was utilised to synthesise emergent factors and a meta-analysis undertaken on suitable data.

**Results:** The search identified 619 articles of which 39 met inclusion/exclusion criteria. Use of psychotropics ranged from 18.7% for anxiolytic/hypnotics, to 26.9% for antipsychotics and 33.1% for antidepressants. Thematic analysis suggested that psychotropic prescribing was associated with a range of patient and environmental factors, including, but not limited to: (i) age (<75yr; >90yr); (ii) gender (being male); (iii) more advanced functional decline; and (iv) living alone. There was a conspicuous absence of data pertaining to carer and prescriber factors. Significant associations were identified in the meta-analysis between psychotropic use and respite in full-time care or hospitalisation as well as co-morbid psychiatric illness.

**Conclusion:** The reasons for psychotropic prescribing in this population remain poorly understood. Significant associations and knowledge gaps identified here generate opportunities for further research and development of targeted interventions to improve care and meeting the needs of this population group. This includes cautionary trigger questions for prescribers including: What am I treating? Who am I treating? How will I measure response? How can I ensure that psychotropics initiated in respite/hospital are used short-term only?