

417 - Comparison of prevalence and disturbance of neuropsychic symptoms between institution-dwelling and community-dwelling patients with dementia

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Abstract

Objectives To explore differences in prevalence and disturbance of behavioral and psychological symptoms of dementia (BPSD) between institution-dwelling and community-dwelling patients with dementia.

Methods A cross-sectional survey was conducted. Institution-dwelling (n=112) and community-dwelling patients with dementia (n=157) were enrolled from a nursing home and a tertiary psychiatric hospital located in Guangzhou, China, from March 2019 to September 2019. Neuropsychiatric Inventory (NPI) was used to assess the prevalence and disturbance of BPSDs.

Results The community-dwelling patients were older, and having more antianxiety, anticonvulsant, anti-depression, anti-dementia medication use than institution-dwelling patients, while institution-dwelling patients used more antipsychotics than community-dwelling patients. The prevalence of hallucinations ($\chi^2 = 8.55, P = 0.004$), agitation ($\chi^2 = 5.38, P = 0.026$), depression ($\chi^2 = 22.78, P < 0.001$), anxiety ($\chi^2 = 47.17, P < 0.001$), aberrant motor behavior ($\chi^2 = 4.72, P = 0.034$), and sleep ($\chi^2 = 4.16, P = 0.047$) was higher in community-dwelling patients than that in institution-dwelling patients. Moreover, the frequency, severity, and disturbance of almost all of the BPSDs were higher in community-dwelling patients than those in institution-dwelling patients, except for euphoria. High Odds of having hallucination (OR 2.48, 95% CI 1.37-4.49), anxiety (OR 7.36, 95% CI 3.82-14.17), sleep disorder (OR 1.77, 95% CI 1.02-3.10) was observed in community-dwelling patients. Severe dementia was another risk factor for having hallucination (OR 5.48, 95% CI 2.25-13.38), anxiety (OR 2.73, 95% CI 1.22-6.12), sleep disorder (OR 2.61, 95% CI 1.21-5.64), apathy (OR 3.03, 95% CI 1.49-6.19), and irritability (OR 2.6, 95% CI 1.24-5.51). Community-dwelling and severe dementia were two main risk factors for higher NPI scores (adjusted $R^2 = 0.30$), and higher disturbance of anxiety (adjusted $R^2 = 0.21$), sleep disorders (adjusted $R^2 = 0.15$), hallucination (adjusted $R^2 = 0.12$) and irritability (adjusted $R^2 = 0.11$).

Conclusion The prevalence and disturbance of BPSDs were higher in community-dwelling patients with dementia than institution-dwelling patients. Community-dwelling and severe dementia were two main risk factors for higher prevalence and disturbance of BPSDs, especially for anxiety, sleep disorders, and hallucination. Providing community-based BPSDs coping skill training and support for informal caregivers are needed.

Keywords: Community, Dementia, Long-term care, Informal caregiver, Neuropsychiatric symptoms

418 - Long-term Effect of Transcranial Direct Current Stimulation (tDCS) in Alzheimer's Dementia

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