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#### Abstract # 144

##### The role of age in the NIA-AA ATN scheme in patients of a German university memory clinic

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The aging society with age-related pathologies, in particular dementia, challenges the traditional healthcare paradigms. Both aging and age-related cognitive decline are heterogeneous, multifactorial processes with a high demand for studies aimed at better characterizing the interface between dementia and Alzheimer’s disease (AD). In this study, the ATN classification system was applied to the records of 223 patients with a diagnosis of mild cognitive impairment (MCI) and dementia admitted to the Memory Clinic of the University Hospital of Cologne. Patients were divided into two age groups: < 70 years (n = 98, 44%) and ≥ 70 years (n = 125, 56%). In the 223 participants with full data sets including cerebrospinal fluid, neuropsychological testing, diagnosis and age, A+T+N+ was the most common group (52%). Significant differences were found between the two age groups in AD continuum groups (ie. all groups with pathological amyloid) and non-AD continuum groups (p = 0.018), whereby the older group belongs to AD groups to a larger extent compared with the younger one. A relationship between amyloid pathology and cognition (Mini-Mental State Examination) was found (p = 0.003), but only the younger participants showed significant differences of cognition in amyloid stages (p < 0.001) and not the older ones (p = 0.639). The latter observation is in agreement with recent studies from other groups. Our results show that the overlap between aging and dementia needs to be considered in every interpretation of diagnostics. Age-related cut-off values might be a better fit. Aging and pathologies other than amyloid may play a substantial role in cognitive decline of older patients. Diagnostic examinations of oldest-old patients might have to be considered more comprehensively than those of young-old persons.

#### Abstract # 145

##### Dementia in home geriatric care program

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**Introduction:** Life expectancy in Spain is the highest in the European Union, standing at 83.4 years (European average 80.9 years). Data published by the WHO shows that there are 50 million people worldwide with dementia. Alzheimer’s Type Dementia (ATD) is the most common form common dementia, representing 60-70% of all dementias. Interventions with caregivers and training in symptom management, both cognitive and behavioral, have shown more efficiency than pharmacological treatment. Families assume 85% of the cost of their care.

**Objective:** To analyze the prevalence of dementia and the profile of caregivers in the Home Geriatric Care Program (AGD) of the Insular Hospital of Lanzarote.

**Method:** Descriptive cross-sectional observational study. Patients treated at AGD in 2018.

**Results:** The sample consists of 214 patients, with a mean age of 84.73 years (Sx 7.37). Regarding sex, the sample corresponds to 73.4% (157) women and 26.6% (57) men. Barthel index score was 41.5 (Sx 30.12), GDS of 3.58 (Sx 1.85) and a Frailty index of 0.47 (Sx 0.12). Polypharmacy (> 5 drugs) was 75.7%. The reason for consultation was mainly due to immobility (32.7%) and conduct disorder (26.2%). The caregiver profile was the couple (10.3%); siblings (47.6%), paid caregiver (35.5%). 90.2% of sample were living with their family.

**Conclusions:** We are visiting people with advanced age and high level of dependence. Families assume most of the cost of care. The main reasons for home care are dementia, immobility and conduct disorders. The profile of the caregiver are family members.

#### Abstract # 146

##### Audiological evaluation as a component of a memory clinic assessment: the patient experience

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**Introduction:** With the evolving knowledge on hearing as a mid-life risk factor for dementia, identification of patients who are at risk becomes increasingly important. Our memory clinic is based in a tertiary referral centre and refers patients with mild cognitive impairment (MCI) for audiological evaluation based on cognitive diagnosis, rather than self-reported hearing deficits. This study sought to examine the patient experience and understanding of this process.

**Methods:** All patients with MCI who were referred for audiology review were contacted. A patient survey was delivered over the phone. Outpatient letters and the memory clinic database were reviewed.

**Results:** 30 patients were contacted, 9 (30%) could not recall their audiology assessment. 20 patients were surveyed. 8 (40%) had self-reported hearing loss. 9 (45%) had mild-moderate hearing loss and 8 (40%) had moderate-severe. 6 patients (30%) could recall having the rationale behind having a hearing test as part of their memory assessment explained to them. The majority (75%) felt a hearing test was an important part of their memory assessment, but just 7 patients (35%) identified a link between hearing loss and memory problems. All patients who provided feedback on the service itself made positive