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**Introduction:** Due to limited access at healthcare services for elderly patients during COVID19 pandemic, significant disruptions occurred regarding long term therapeutic interventions. Considering the absolutely necessary social distancing measures, reorganizing and finding the proper working techniques, equipment and materials to be applied in cognitive rehabilitation programs represent a challenge for the rehabilitation clinician.
**Methods:** We present a study report of a 78 years old male with minor cognitive deficit and minor aphasia due to stroke (Nov.2019). In order to evaluate the efficiency of remote approach, we proceeded to following the therapeutic protocol that involves evaluation, initiation of therapy and post-intervention evaluation. We applied MMSE for cognitive screening and Speech Therapy Evaluation Sheet to assess the language indices.
**Results:** We identified communication platforms able to ensure the continuity of therapeutic process and we got access to the digital instruments compatible with the remote mode. We used the Wordwall software to create our own interactive resources, using custom templates, accessible on any web device. We also used cognitive training computerized applications. The intervention was performed for 8 weeks, 2 times/week, 60 minutes/session. We noticed increase in cognitive performance indices and improvement of language indices. The patient described good adherence to the sessions.
**Conclusions:** The use of communication platforms and of digital tools to provide optimal cognitive training in remote mode has an essential role in situations requiring social distancing. This type of approach is a valuable alternative solution in COVID19 pandemic to ensure patient safety and also the quality health care.

## Abstract # 150

### Evaluation of quality of life in patients with major neurocognitive disorder

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**Introduction:** Dementia is a syndrome in which there is an increase in dependency and a decrease in quality and life expectancy. Quality of life is a multidimensional concept whose evaluation is complex, but very useful in the therapeutic approach. The objective was to assess the quality of life in institutionalized elderly diagnosed with dementia.
**Material and methods:** Descriptive cross-sectional observational study carried out on institutionalized patients in Lanzarote (Spain) during February 2020. The variables recorded were: sociodemographic (age and sex), baseline situation (Barthel index -IB-, global deterioration scale-functional assessment staging -GDS-FAST- and social resources scale -OARS-) and quality of life determined by the specific QUALID scale (Quality of life in late-stage dementia), whose score ranges from 11-55 points (inversely proportional results). The statistical analysis was carried out in the statistical program SPSS-V26.
**Results:** 35 patients were included, with a mean age of 83.91 ± 7.66 years. In relation to the comprehensive geriatric assessment: 97.14% had severe functional dependence (mean IB 12.71 ± 15.69), the mean GDS-FAST was 6.00 ± 1.08 and the mean OARS was 2.51 ± 0.74. The mean score obtained in the scale was 26.09 ± 11.14. If we analyze the items separately, smiling and physical contact obtain the highest scores (3.03 ± 1.72 and 2.97 ± 1.10, respectively). In contrast, crying and irritability obtained the lowest scores (1.31 ± 0.76 and 1.91 ± 1.44, respectively).
**Key conclusions:** The determination of quality of life could be useful to decide the therapeutic attitude in a patient diagnosed with dementia.

## Abstract # 151

### Neurogeriatrics: an emerging task

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**Background:** Neurologic symptoms, cognitive impairment, motor dysfunction, disorders of mood and behaviour, chronic pain occur frequently in older adults. These conditions not only have a strong negative impact on intrinsic capacity and mantainance of autonomy; they also increasingly coexist, with advancing age, with non-neurologic comorbidities and geriatric syndromes as well as their therapeutic management. In this complex figure, the ability to properly address presence, severity and treatment of an underlying or concomitant neurologic condition is essential to prevent disability and/or enhance recovery after an acute illness. If on one hand the Comprehensive Geriatric Assessment (CGA) is the tool of choice to uncover neurocognitive and neuropsychiatric deficits among others, there is a paucity of data on the method and degree of implementation of neurological know-how systematically used by or to be integrated in geriatric medicine to improve the management of neurogeriatric patients.
**Methods:** To fill this gap of knowledge, recently a Task Force for Neurogeriatrics was established in Germany. Physicians specialized both in neurology and geriatrics as well as geriatricians with expertise in cognitive impairment compose the group.
**Results:** The Task Force is currently (1) conducting a nation-wide survey to retrieve information on assessments, performance and functions tests conducted in geriatric units to examine neurologic status; (2) completing ethical issues clearance to prospectively collect data on assessments, performance and functions tests harmonized across German geriatric units to examine homogeneously neurologic status in the near future. Additionally, one of the main priorities of the Task Force is to foster neurogeriatric research and training concepts as well as to provide innovative care strategies for geriatric patients with leading neurological conditions and disabilities.