

capability predicts cognitive status in schizophrenia and emotional and behavioural disorders or changes predict cognitive status in affective psychosis. The average cognitive level of mental retardation or affective psychosis is not significantly different from schizophrenia.

**Conclusion:** We were able to identify the impact of different major mental disorders on cognitive and general functioning, which provides new evidence to support differential approach in long term care.

**A systematic review exploring the role of self-efficacy on the health-related quality of life of family carers of a relative with dementia**

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**Objective:** To explore the role of self-efficacy (SE) on the health related quality of life (HrQoL) of family carers of a relative with dementia.

**Methods:** A literature search of multiple electronic databases from 1980 to June 2011 was performed, supplemented by a reference search of included articles and a forward citation search. A broad range of both qualitative and quantitative studies, including cohort, longitudinal and cross-sectional studies were considered. The participants included were family carers, supporting a relative with dementia. Search terms related to caregiving, self-efficacy, quality of life, and dementia. A narrative synthesis approach was adopted to synthesise findings, whilst qualitative findings underwent a thematic analysis.

**Results:** Sixteen studies were included; ten quantitative, four qualitative studies and two reviews. Studies were primarily cross-sectional correlational designs conducted within the US or Canada. The total sample comprised 2029 family carers of people with dementia. The studied populations were predominantly female, Caucasian, with a mean age of 60 years and mean caregiving duration of five years.

As expected, research findings were indicative of a positive association between SE and family carer HrQoL, across a range of contexts, relationship-types and ethnicities. The thematic analysis of qualitative findings revealed three recurrent themes concerning the role of SE; the development of novel skills, role identification and feelings of personal accomplishment, which greatly corresponded with feelings of satisfaction, pride, a sense of meaning, and thus wellbeing.

**Discussion:** Findings are indicative of both a moderating and mediating role of SE in family carer HrQoL. Furthermore, research evidence suggests the existence of an independent positive and negative pathway, particularly there is a great deal of evidence demonstrating the role of SE in the positive aspects of caring, such as satisfaction, carer gain, finding meaning and positive affect. Finally, findings demonstrate the need to explore the role of SE in caring using a longitudinal analysis.

**Conclusion:** Further research into SE in family carers could be instrumental in identifying interventions to improve HrQoL in carers.

**Could this be a country for old men? The society's influence in suicidal behaviour in late life**

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Suicide in elders is a serious problem for societies. Data on self-destruction in elders are very high, the ratio between attempts and completed suicides is very close, almost 2:1. Moreover, recent studies point to a consistent set of risk factors for the spectrum of suicidal behaviours in late life: psychiatric and/or physical illness, pain, functional impairment and social disconnectedness. We suggest the use of the Interpersonal Therapy of Suicide as a framework for clinicians to use in daily practice in order to evaluate the possible psychological effects of the presence of risk factors. Also, after a review of the most recent literature, we show that promotion of connectedness is a key-element in all successful preventive interventions so far.

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**Multisensory and motor stimulation as an activity among institutionalised residents with dementia**

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**Objective:** There has been a lack of appropriate environmental, sensory and social stimulation for institutionalized residents with dementia. Multisensory and motor stimulation have shown promising results in promoting communication, functionality and self-care, reducing anxiety and increasing interactions in residents with dementia however, studies are still scarce. This pilot study aimed to evaluate the impact of a multisensory and motor stimulation programme on the behaviour of institutionalised residents with dementia.

**Methods:** Four institutionalised participants (two female, mean age  $81.5 \pm 8.58$  years old) with moderate to severe dementia, according to the DSM-IV criteria, were recruited from one residential home. The multisensory and motor stimulation programme was composed by sixteen thematic group sessions (e.g., beach, gardening, music...), conducted once a week for approximately 45 minutes. Each session was composed by specific and structured activities directed to active stimulate movement and each sense (olfaction, movement, contact, vision, audition and taste). Data was collected by video-recording all sessions. The impact of the programme on residents was assessed by analysing the duration of a list of behaviours (ethogram) in all sessions. Resident's behaviours were rated by two independent observers, which analysed 17.53 minutes of each of the 16 video recordings, with specialised software, Noldus. The Observer XT 7.0.

**Results:** On average, residents engaged with the tasks  $5.96 \pm 3.96$  minutes, interacted with the objects  $0.61 \pm 0.69$  minutes and communicated verbally  $1.55 \pm 1.09$  minutes. It was also observed across the 16 sessions that participants engaged, interacted and communicated more or less according to the theme of the session.

**Discussion:** The findings suggest that despite the advance stages of dementia, with multisensory and motor stimulation in organised and structured group sessions, it is possible to have residents engaging, interacting and communicating, thus potentially improving their well-being and quality of life.

However, these promising results are limited by the pilot nature of the study. Therefore, it is recommended to implement such programmes in larger samples and several institutions in controlled study designs.

**Conclusion:** Multisensory and motor stimulation programmes implemented in organised and structured group sessions may be a promising approach to promote adequate residents' engagement, interaction and communication, improving the quality of dementia care and the well-being of residents.

#### **Causes of crises and appropriate interventions: The views of people with dementia, carers and health care professionals**

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**Objective:** To identify factors which lead to a crisis for people with dementia and their carers, and identify interventions which could help in a crisis.

**Methods:** Qualitative study using focus groups to compare the perspectives of people with dementia, family carers and healthcare professionals on causes of crises and crisis interventions. Eighteen people with dementia, 15 family carers and 19 healthcare professionals were identified from nine community settings from London and the south east.

**Results:** In terms of causes of crises, people with dementia focused on risks and hazards in their home, whereas family carers emphasised carer stress and mental health problems. Staff in contrast were concerned about problems with service organisation and coordination leading to crises. Physical problems were less commonly identified as causes of crises but when they did occur they had a major impact. To help in a crisis, people with dementia were keen on support from family and friends, access to mobile phones, and home adaptations to reduce risks. Carers were keen on assistive technology and home adaptation. Both carers and staff valued carer training and education, care plans and well coordinated care. Staff were the only group emphasising more intensive interventions such as emergency home respite and extended hours services.

**Discussion:** This is the first paper to explore the views of a diverse range of stakeholders involved in crises with people with dementia. Crises faced by people with dementia and their families are complex and the challenges in providing support in crises are profound. Interventions needed to be flexible and tailored to both the individual person's needs and their crisis. The findings from this study supports the case for the involving services users and carers in research and service planning.

**Conclusions:** People with dementia and family carers were aware of their needs at times of crisis and were able to identify useful interventions. Practical and low cost interventions such as home adaptations, assistive technology, education and training for family carers, and flexible home care services were highly valued by service users and their families during times of crisis and to help prevent hospital admissions.