EVALUATION OF INTERVENTION ACCEPTABILITY IN COMMUNITY STUDIES WITH INDIVIDUALS AND DYADS AFFECTED BY DEMENTIA

Melissa Harris,[1] and Marita Titler,[2] *1. University of Michigan, Madison Heights, Michigan, United States, 2. University of Michigan, Ann Arbor, Michigan, United States*

Multiple non-pharmacologic interventions for symptom management in community dwelling individuals with dementia have demonstrated effectiveness, but have had limited uptake in practice. Prior reviews have evaluated acceptability of interventions for caregivers, but none have evaluated interventions for care recipients with dementia and dyads. This review synthesized the evidence about intervention acceptability for dyads (individuals with dementia and informal caregivers) and individuals with dementia residing at home. Four databases were searched (PubMed, CINAHL, AgeLine, PsycINFO) using inclusion criteria of: intervention studies, community dwelling individuals with dementia or dyads of care recipients and informal caregivers, non-pharmacologic intervention, evaluation of intervention acceptability. Gray literature and non-English articles were excluded. 173 citations were screened by title and abstract, 38 were reviewed by full text, and 19 studies were included. 18 studies focused on dyads, and 13 different non-pharmacologic intervention types were evaluated across studies. Qualitative (n=3), quantitative (n=8) and mixed methods (n=8) were used to evaluate acceptability. Approaches and measures of acceptability included field notes, behavioral checklists, focus groups, semi-structured interviews, questionnaires, and completion rates of intervention sessions and outcome measures. Although participants' benefit and satisfaction with the interventions were high across studies, variability in definitions of acceptability, the methods and measures used constrain the interpretation and generalizability of findings. Psychometric properties of quantitative questionnaires were not addressed even as the most basic level of face or content validity. To enhance the applicability of non-pharmacologic treatments for this population, future research should emphasize the evaluation of intervention acceptability, as well as effectiveness.

FROM DEFEAT TO EMPOWERMENT: USER EXPERIENCES FROM A HEALTH PROMOTION INTERVENTION FOR PEOPLE WITH DEMENTIA

Martine Kajander,[1] Martha Therese Gjestsen,[2] and Ingelin Testad, *1. Centre for Age-related Medicine - SESAM, Stavanger University Hospital, Stavanger, Norway, Sandnes, Norway, 2. Centre for Age-related Medicine - SESAM, Stavanger University Hospital, Stavanger, Norway, Stavanger, Norway, 3. Centre for Age-Related Medicine - SESAM, Stavanger University Hospital, Stavanger, Norway*

Empowering people with early-stage dementia through the provision of information and support has gained an increasing focus as the number of people with dementia increases worldwide. Health Promotion is a mean to empower the person affected to take an active role in the situation, and taking steps themselves to adjust and cope with the condition. The aim of this study was to explore the experiences of people with early-stage dementia provided with support and information through a 12-week Health Promotion course. Data comprises separate individual semi-structured interviews with 32 people with dementia after attending the course. For each participant, a carer was also interviewed. Interviews were analysed using systematic text condensation. Four categories emerged from the analysis. These were: (I) bridging the post-diagnostic information gap, (II) promoting healthy behaviours, (III) meeting others with early-stage dementia, and (IV) coming to terms with the diagnosis. The results demonstrated that the intervention was well received by participants; learning about dementia, meeting others in the same situation and focussing on maintaining a healthy lifestyle empowered and motivated participants. The participants' carers found the course booklet especially useful and it improved family communication. In conclusion, a 12-week Health Promotion course has the potential to empower people with dementia to cope with their condition through the provision of information, peer-support, which in turn can improve family communication and ease the process of accepting the diagnosis.

HARMONY STUDY: PIMAVANSERIN SIGNIFICANTLY PROLONGS TIME TO RELAPSE OF DEMENTIA-RELATED PSYCHOSIS

Pierre Tariot,[1] Erin P. Foff,[2] Jeffrey L. Cummings,[3] Maria-Eugenia Soto-Martin,[4] Bradley McEvoy,[5] Srdjan Stankovic,[2] and Amy Howard, *1. Banner Alzheimer's Institute, Pheonix, Arizona, United States, 2. ACADIA Pharmaceuticals Inc., Princeton, New Jersey, United States, 3. Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, Nevada, United States, 4. Gerontopole Alzheimer Clinical Research Center/University Hospital of Toulouse, Toulouse, France, 5. ACADIA Pharmaceuticals Inc., San Diego, California, United States*

Dementia-related psychosis (DRP) is common among patients with Alzheimer's disease (AD), Parkinson's disease (PD), dementia with Lewy bodies (DLB), frontotemporal dementia (FTD), and vascular dementia (VaD) and is associated with poor outcomes. HARMONY (NCT03325556) was a Phase 3, placebo-controlled, randomized, relapse-prevention study evaluating the efficacy and safety of pimavanserin for treating hallucinations and delusions associated with DRP. Patients with dementia and moderate-severe psychosis received open-label (OL) pimavanserin for 12 weeks. Patients with sustained response (≥30% reduction in Scale for the Assessment of Positive Symptoms hallucinations+delusions Total Score AND Clinical Global Impression-Improvement score of much/very much improved) at Weeks 8 and 12 were randomized 1:1 to continue pimavanserin or receive placebo for up to 26 weeks in the double-blind (DB) period. The primary endpoint was time from randomization to relapse of DRP. 392 patients enrolled. 217 (61.8%) eligible patients experienced sustained response and were randomized. OL response was similar regardless of dementia subtype (randomization rates: 59.8% AD, 71.2% PDD, 71.4% VaD, 45.5% DLB, 50.0% FTD), baseline disease characteristics, age, dementia severity, or previous drug therapy. The study stopped early for superior efficacy when a prespecified interim analysis revealed >2.8-fold reduction in risk of relapse with pimavanserin (hazard ratio: 0.353; 95% CI: 0.172, 0.727; 1-sided p=0.0023). Adverse event rates were low and balanced (OL: 36.2%; DB: 41.0% pimavanserin, 36.6%