

Objectives: Through the application of an exploratory survey this mixed study seeks to identify patterns related to self-reported and internalized discrimination, and to direct and non-direct discrimination by third parties which impacts older adults. This survey serves as a brief pilot study with a more comprehensive study to thence follow.

Process: This study is being conducted through an anonymous and simple survey which consists of twelve inquiries—some which may be optionally expounded upon.

Methods: Before starting the survey, each prospective participant provides basic demographic data. For ease of comparing response data quantitatively, a 2–3-point multiple-choice format has been established with “yes”, “no” and “non-applicable” or a like-kind concrete response, being the available options. Basic, non-identifying demographic data includes the respondents birth year, type of living arrangement, educational level attained, and mobility level.

Inclusive criteria includes that each prospective participant is seventy years old or older.

All tentative participants are required to voice their express consent to participate. After each survey has been completed (or stopped, by the participant) they will be given a small lapel sticker identifying their participation.

Results: An evaluation of the survey responses will be effectuated, while a scientifically based over-arching reflection of the challenges presented which thwarted the development of the original study will be recognized.

Conclusions: Infographic, bar charts (captioned in English & Spanish) comparing survey responses through the group of survey respondents based in Mexico, will become accessible in poster format, in September of 2024.

P36: Impact of developing cognitive decline on life satisfaction in Japanese older adults: the Arakawa Geriatric Cohort Study

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Objectives: The relationship between cognitive decline and life satisfaction in older adults remains unclear. This study aimed to examine whether older adults with normal cognition at baseline, who developed cognitive decline (i.e., mild cognitive impairment or dementia) over a five-year period, experience lower life satisfaction compared to those who remained cognitively intact.

Methods: The present longitudinal study was conducted in the Arakawa Ward, Tokyo, Japan. Among the initial 1,099 community-dwelling older adults who were between 65 to 84 years old in 2016, we analyzed data from 628 participants who were cognitively intact at baseline and remained in the study at follow-up (2022–2023) with complete data. The effect of developing cognitive decline on life satisfaction, measured by the Satisfaction with Life Scale (SWLS), was examined using a linear mixed model. In addition to developing cognitive decline, fixed effects included time, sex, age, education, depression (indicated by the Geriatric Depression Scale scores above 5), living status (living alone), and frequency of social interactions. The intercept and participants were treated as random effects.

Results: At follow-up, 87 participants were diagnosed with mild cognitive impairment and 7 with dementia. Overall, the mean SWLS score experienced a slight but statistically significant decrease over the five-year period (18.14 ± 5.27 at baseline and 17.75 ± 5.27 at follow-up, $p = 0.02$ as determined by a paired t-test). The linear mixed model analysis revealed that developing cognitive decline was not significantly associated with life satisfaction ($p = 0.93$). Notably, living alone and being in a depressive state were significantly associated with higher SWLS scores ($p = 0.003$ and $p < 0.001$, respectively).

Conclusions: Life satisfaction did not significantly decline in older adults who developed cognitive decline compared to those who remained cognitively intact. The unexpected findings that individuals living alone and those experiencing depressive states reported higher life satisfaction may indicate potential adaptive mechanisms, whereby these individuals might have developed strategies to find joy in everyday life. Further research is warranted to replicate these results and to explore the underlying factors or potential resilience mechanisms contributing to these findings.

P37: Building Resilience in Geriatric Health Today (BRIGHT)

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Objectives: With a rapidly aging population in Singapore, late-life depression and anxiety become increasingly relevant as they impact on quality of life, disability and healthcare costs. BRIGHT initiative begins as a group coaching programme with the aim to empower at risk elderly to self-manage physical and mental health ailments. This poster aims to present the latest findings and updates from BRIGHT as we embark on to the next phase, BRIGHT Train the Trainers (BRIGHT T3) programme to ensure long term sustainability of these interventions.

Methods: BRIGHT consists of three two-hour workshops facilitated by a multidisciplinary team (MDT) comprising psychiatrists, psychologists, and medical social workers. Two virtual runs were conducted over zoom while five physical runs were conducted on site at the local senior activity centres. Scales of GDS, GAI, HCS and SF 12 were administered pre and post intervention to capture 1) reduction in depressive and anxiety symptoms, 2) quality of life, 3) improvement in health confidence, and 4) participant satisfaction.

This intervention is supplemented by a mobile wellness application nested within Singhealth Healthbuddy application, providing seniors access to an application with self-monitoring, inbuilt reward systems to reinforce positive behaviours and self-help mental health resources.

BRIGHT T3 programme aims to promote mental wellness and create sustainable impact by establishing a self-sustaining model through peers, volunteers and grassroots leaders who will continue to deliver the programme in their respective communities. Eligible trainers identified will be pre-screened by the BRIGHT team and a baseline assessment of mental health literacy will be administered. The comprehensive training regimen comprises of training modules in didactic and experiential format which will be led by the BRIGHT MDT. As trainees gain competence, they will progress to leading sessions under close supervision.

Results: Average participant satisfaction was 85% with positive verbal reviews from community partners as well. GDS, GAI, HCS, and SF 12 PCS scores improved by an average of 1.8, 1.7, 1.6 and 1.8 respectively. On the other hand, SF-12 MCS scores decreased by an average of 1.8.

Conclusions: By focusing on a train-the-trainer model, the programme ensures long-term sustainability of these interventions.