

- Post-infection symptoms after mild COVID-19 are common, mostly persist for about half a year but sometimes longer for more than 20 months.

**Abstract citation ID: ckae144.1338**

### Loneliness in the elderly and disease development in European welfare regions: a longitudinal study

Julian Perelman

M Paiva Pessoa<sup>1</sup>, F Girão Antunes<sup>1</sup>, B Coelho<sup>1</sup>, I Silva<sup>1</sup>,

J Perelman<sup>2</sup>, S Perelman<sup>3</sup>

<sup>1</sup>Health Policies and Systems Management, NOVA National School of Public Health, Lisbon, Portugal

<sup>2</sup>Department of Social Sciences in Health, NOVA National School of Public Health, Lisbon, Portugal

<sup>3</sup>University of Liège, Liège, Portugal

Contact: jperelman@ensp.unl.pt

Healthy ageing research has brought a recent focus on the association between loneliness and disease. Regional differences on loneliness prevalence in the elderly across welfare systems, and its association with varying mortality rates, have recently been demonstrated. We hypothesise loneliness affects disease development in the elderly, impacted by socio-economic policies that characterise welfare systems in the EU. We use logistic regression models to assess the association between loneliness (R-UCLA scale) and onset of new chronic disease and disease events, in a European sample of people aged >50 (n = 40840), using the SHARE database, during 2013 - 22 (waves 5 to 9). Preliminary results from two subsequent waves (2015-17, n = 11870) show a statistically significant effect of persistent loneliness on disease onset (increase in new disease events), when adjusting for sex, age, previous illness, and other socio-economic covariates (AOR 1.22, 95%CI 1.08-1.39, p < 0.01). Notably, comparing to the Scandinavian welfare group, only Eastern European countries show higher odds of disease development (AOR 1.52, 95%CI 1.32-1.77, p < 0.001), while also having the highest incidence of new disease in our sample. Age and welfare group show the strongest association with the outcome of interest, followed by change in occupation (no longer employed). Our current analyses span a larger period (2013-22), and we are exploring additional mediators of this effect, such as behavioural and social activity-related variables. Additional analyses to control for unrelated disease (low biological plausibility) and a social isolation index, described in the literature, are added. Furthermore, we analyse the longitudinal association between loneliness and healthcare use, such as polypharmacy and consults. With this study, we aim to contribute decision-making in health in all policies, by increasing integration between health and social sectors, while considering different regional and welfare policies.

#### Key messages:

- Understanding socio-economic and welfare mechanisms which impact health in the elderly allows for better cross-sector policy design, promoting healthier ageing.
- Persistent feelings of loneliness affect disease development in the elderly, which appear to be worsened in some EU welfare groups, independently of socio-economic status.

**Abstract citation ID: ckae144.1339**

### Assessment of Integrated Care Pathways for dementia in Italy according to the National Guidance

Domitilla Marconi

D Marconi<sup>1</sup>, SM Pani<sup>2</sup>, S Salemm<sup>3,4</sup>, G Lazzeri<sup>1,5</sup>, C Sardu<sup>2</sup>, I Bacigalupo<sup>6</sup>,

P Lorenzini<sup>6</sup>, N Vanacore<sup>6</sup>, G Bellomo<sup>6</sup>

<sup>1</sup>Post Graduate School of Public Health, University of Siena, Siena, Italy

<sup>2</sup>Department of Medical Sciences and Public Health, University of Cagliari, Monserrato, Italy

<sup>3</sup>Department Biomedical, Metabolic and Neural Science, University of Modena and Reggio Emilia, Modena, Italy

<sup>4</sup>International School of Advanced Studies, University of Camerino, Camerino, Italy

<sup>5</sup>Department of Molecular and Developmental Medicine, University of Siena, Siena, Italy

<sup>6</sup>National Center Disease Prevention and Health, National Institute of Health, Rome, Italy

Contact: domitilla.marconi@gmail.com

**Background:** Italy counts 1 million people with dementia and 3 million caregivers. An integrated management system provides comprehensive care for people with non-communicable diseases, including dementia, through integrated care pathways (ICPs). Our study identified available dementia ICPs and assessed their compliance with the National Guidance on ICPs for People with Dementia (NGICPD). The project is carried out with the technical and financial support of the Ministry of Health (Chapter 2302).

**Methods:** We located ICPs by browsing all the websites of regions and Local Health Authorities (LHAs), contacting by email all LHAs, collecting ICPs from a survey carried out by the Dementia Observatory of the Italian National Institute of Health, and communicating with regional contacts. We included the ICPs produced after the NGICPD by the end of 2023. We applied a checklist developed on NGICPD consisting of 3 domains: Reference framework (0-15), Elements of the ICP (0-14), Construction of the ICP (0-14). ICPs were assessed by two researchers; a third solved the conflict points. The concordance was expressed by the intra-class correlation coefficient.

**Results:** We analysed 39 ICPs (11 regional, 28 LHAs) out of 87 collected. 15/21 regions and 30/110 LHAs developed an ICP. The observed mean total score was 23.5±7.9 for the regional ICPs and 23.1±5 for the LHAs ICPs. We observed low compliance with NGICPD, particularly in domain 3. The development of a health information system was included in 5/11 of regional and 12/28 of ICPs of LHAs; a monitoring system was present in 8/11 of regional and 25/28 LHAs ICPs. Concordance analysis showed an excellent correlation for regional ICPs and good for LHAs ICPs.

**Conclusions:** Our analysis highlighted low compliance of ICPs with the NGICPD and critical issues in monitoring. Our analysis stresses the need for all regions and LHAs to develop or update ICPs in line with NGICPD and the Italian Guidance on diagnosis and treatment of dementia.

#### Key messages:

- Developing a pathway of efficient and coordinated care is essential to guarantee the quality of care for people with dementia and their families. All regions and LHAs must develop or update ICPs.
- Monitoring ICP with indicators is crucial to planning cost-effective healthcare services.

**Abstract citation ID: ckae144.1340**

### Bias in Evaluating Trends of Thyroid Cancer Incidence between Rural and Urban Populations

Avi Magid

A Magid<sup>1,2</sup>, S Zolotov<sup>3</sup>, M Meke<sup>2,4</sup>

<sup>1</sup>School of Public Health, Ben-Gurion University of the Negev, Be'er Sheva, Israel

<sup>2</sup>Management, Rambam Health Care Campus, Haifa, Israel

<sup>3</sup>Institute of Endocrinology Diabetes and Metabolism Institute, Rambam Health Care Campus, Haifa, Israel

<sup>4</sup>The Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel

Contact: magid.avi@gmail.com

**Background:** Diagnosis of thyroid cancer is based on fine needle aspiration cytology of thyroid nodules, based on nodules' sonographic appearance and size. The American Thyroid Association published new guidelines for management of thyroid nodules in 2009 and 2015, where in some cases, only follow-up of thyroid nodules without any other procedure is recommended. This may