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Can the built environment impact on the health and well-being of people with dementia? Evidence from Literature and Stakeholders Involvement

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Worldwide there are about 55 million people have dementia and the number is expected to grow exponentially in the coming years. Because of the comorbidities and symptoms of the disease, these often live within residential care facilities. The impact that the built environment can have on people's health is now well known, although many aspects are still under-investigated. This research aims to analyze which are the relationships between the built environment and health and well-being outcomes in people with dementia (PwD) by comparing data from the systematic literature review with the direct experiences of experts. The methodology consists of two parts: a systematic literature review and the involvement of stakeholders with expertise in dementia. The first analysis was conducted on scientific databases (Scopus, Pubmed, and Web of Science), using significant keywords, outlining a comparison matrix that correlates architectural aspects and the health of people with dementia. The second analysis was conducted through the compilation of the matrix, between architectural-spatial and health and well-being outcomes which emerged from the literature and was expanded by the study authors, between architectural-spatial aspects (such as location, size, indoor environmental qualities, signage) and health and wellness outcomes of patients with dementia (such as Delirium, wandering, ADL, BPSD, falls). The literature review identified how some studies relate health outcomes and the built environment. Many aspects seem to be widely explored, for example, quality of life (QOL), BPSD (Behavioral and Psychological Symptoms of Dementia), the number of rooms per household, light, or the creation of a home-like environment. Many of the studies do not analyze the impact that specific features of the built environment can have on people with dementia, including concerning health outcomes.