

examining the correlation of the Electronic Frailty Indices (EFI) depression and anxiety scores.

Results: Of the 118 patients ranging from mild to severe frailty we found a positive correlation of the EFI with the Depression and anxiety scores. Within the data set, the correlation coefficient of EFI scores and PHQ 9 scores was found to be 0.819. Similarly within the same data set we found a correlation coefficient of EFI and GDS scores of 0.651. The higher the EFI the greater was the scale of dependency and comorbidity and this correlation was consistent across the data set with depression and anxiety. We believe physical impairment, loss of independence and social isolation cognitive decline contribute to loss of self-esteem.

Conclusions: Our study found a positive correlation between frailty severity based on EFI scores and depression and anxiety severity. Early detection in deterioration of mental health will enable supportive measures and targeted treatment strategies. Our study shows the strong correlation of EFI severity scores with worse mental health.

Disclosure: No significant relationships.

Keywords: Depression; Frailty; Electronic Frailty Indices

EPV0934

A novel Arabic tool of cognitive assessment in patients with mild cognitive impairment

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Introduction: Mild cognitive impairment is one of the commonly reported disorders nowadays in old age individuals, it might represent the prodroma of definite dementia. There is a novel Arabic tool now which could help in the evaluation of cognitive functions in these patients.

Objectives: 1-To study the cognitive functions in mild cognitive impairment by a novel Thinc-it tool (Arabic version) 2-To compare between Mini Mental Status Examination (Standard test) and the novel Thinc-it battery (Arabic version) in detection of cognitive dysfunctions in these patients.

Methods: 1-The Mini Mental State Examination (MMSE) is a tool that can be used to systematically and thoroughly assess mental status. It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. The MMSE takes only 5-10 minutes to administer and is therefore practical to use repeatedly and routinely 2-Thinc-it THINC-it® is a screening tool designed to measure cognition and provides important data for an overall evaluation of whether cognitive functioning is impaired, it includes the following tests:

1. PDQ-5D Subjective Questionnaire
2. "Spotter" – CRT game
3. "Symbol Check" – Nback game
4. "CodeBreaker" – DSST game
5. Trails – TMT game

Results: The results of Thinc-it (Arabic version) is statistically correlated to the mean score of Mini Mental state

Examination, this means this Arabic version is a valid novel tool for assessment of Cognitive dysfunctions .

Conclusions: Arabic version of Thinc-it can be used in cognitive evaluation

Disclosure: No significant relationships.

Keywords: THINC-it; COGNITIVE; ARABIC; NOVEL

EPV0936

De-prescribing strategy in a case of Delirium in the elderly

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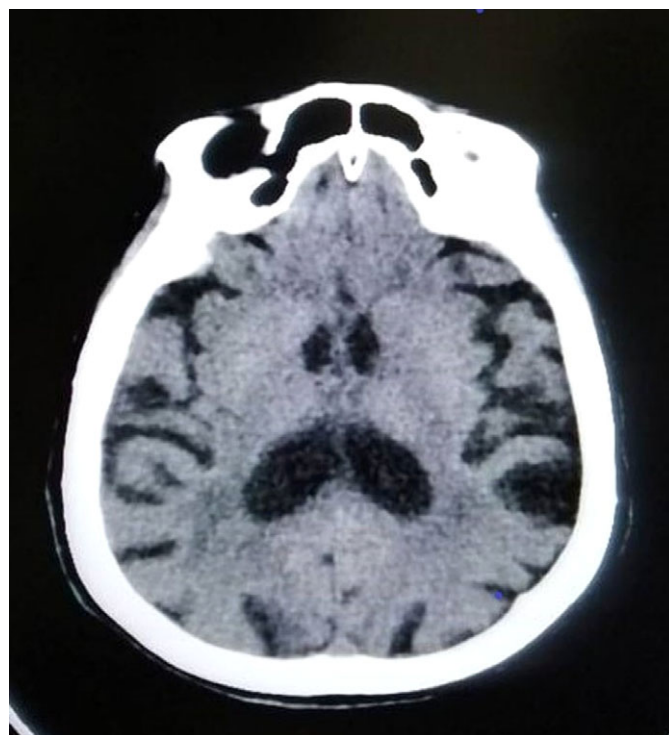
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Introduction: Iatrogenic factors, such as polypharmacy and prescription cascade, are some of the main causes of delirium in the elderly. We present a case of delirium of months of evolution that improved after applying a pharmacological de-prescription strategy.

Objectives: To report a case and review the available literature on the concepts of prescription cascade and de-prescription in delirium in the elderly.

Methods: A 92-year-old woman with a history of cerebrovascular accidents and no psychiatric history or dementia was admitted to a psychogeriatric clinic due to disorientation, delusions of harm and gait apraxia. Several months earlier she had required admission to the general hospital for agitation. In view of the suspicion of delirium, an exhaustive examination and complementary tests were performed, including a neuropsychological assessment and a brain scan (Image 1).



Results: The patient had previously received multiple high-dose psychotropic drugs (Gabapentin, trazodone, Zolpidem, Quetiapine), which had reduced the agitation but had not resolved the problem. Organic causes were treated in a multidisciplinary team (pressure ulcers), together with a gradual tapering of medication. Although underlying vascular dementia was diagnosed, the patient's gait and cognitive status improved, with a significant impact on her autonomy and quality of life.

Conclusions: Despite an extensive literature on the subject, delirium in the elderly remains an under-diagnosed medical condition, especially the hypoactive subtype, just as cascade prescribing remains common. It is important to raise awareness among specialists in training to prevent and diagnose it.

Disclosure: No significant relationships.

Keywords: delirium; De-prescribing; prescription cascade; Polypharmacy

EPV0937

The specific of development tasks in old age

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Introduction: The presentation considers the peculiarities of late adulthood, different views on the periodization of older ages (World health organization, I. Burnside, H.S. Pryazhnikov).

Objectives: The research is aimed at studying the peculiarities of late adulthood.

Methods: The method of work is a bibliographic analysis.

Results: Reveals the structure of psychological age (concept by L.S. Vygotsky), the specificity of the development in late adulthood and features of the social situation of development. Reveals modern ideas of ageing as a process not only of involution and loss, but also a process of continued development. The greatest attention is paid to the peculiarities of development tasks at older ages and the difficulties faced by older people trying to cope with them. There are the brief overview of the positions of C.G.Jung, A.Adler, E. Erikson, R.Peck, G.M.Bryugman, A.G.Liders, N.S.Pryazhnikov, E.E.Sapogova, I.V.Shapovalenko, V.I.Slobodchikov, G.A.Zucker- man, etc. regarding the development tasks in late adulthood. The comparison of the development tasks of early and late age periods by G.M. Bryugman, which shows that the tasks of aging worse defined, at least sequentially ordered, and the results of solution of development tasks is less predictable than in earlier ages.

Conclusions: We can say that in old age is important not only the task of adjusting to different changes of pace of life, quality of life, social circle, etc., and overcome the negative aspects of aging but also issues of self-development. As the primary development task in late adulthood is considered an achievement of his own integrity and finding the meaning of life.

Disclosure: No significant relationships.

Keywords: elderly age; development tasks; development in old age; integrity; wisdom

EPV0938

BDNF and cognitive function in Alzheimer's disease

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Introduction: Alzheimer's disease (AD) is a neurodegenerative pathology that develops mainly in elderly and senile people. Disruption of BDNF transport or suppression of its production appears to be typical for people of old age. Objective: To investigate the influence of Alzheimer's disease on the secretion of brain factors and correlate with neuropsychological profiles.

Objectives: 12 men (2) and women (10) with Alzheimer's disease were examined. The average age of the subjects was 76.25 + 4.89. Methods: MMSE, ADAS-COG, laboratory - BDNF was performed using the G7611 BDNF Emax (R) ImmunoAssaySystem 5 x 96 wells, BDNF Emax® Immunological test.

Methods: 2 patients have mild dementia, 8 patients have moderate dementia, 2 patients have severe dementia. The average age of patients with mild dementia was 72.0 + 1.0. The average MMSE score is 16.7 + 3.4.

Results: Correlation analysis showed a close relationship between a pronounced decrease in memory in memory tests (ADAS-COG) and a pronounced decrease in blood BDNF content ($r = 0.676$). A close statistically significant relationship was found between a low result of the recognition test and a low blood BDNF content ($r = 0.598$).

Conclusions: We assume that blood BDNF is a marker of pathologically accelerated aging of the central nervous system, since low test results for mnemonic function are an indicator of severe degeneration in Alzheimer's disease.

Disclosure: No significant relationships.

Keywords: cognitive function in Alzheimer's disease; bdnf; neurotrophic parameters; neuropsychological parameters

EPV0940

Catatonia and dementia: a case report

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Introduction: Catatonia is a neuropsychiatric disorder characterized by motor, behavioral and autonomic changes. It is associated with several psychiatric disorders, including dementia. Catatonia is an underdiagnosed syndrome, so it is important to draw attention to it. Here, we review a case of a patient admitted to our psychiatric department with a clinical presentation compatible with catatonia. After proper treatment, further assessment revealed dementia.

Objectives: This work aims to describe a case of catatonia in a patient with dementia.

Methods: Bibliographic research using Pubmed®. Clinical file consultation and patient interviews.

Results: Catatonia is a disorder that was already been described as part of several types of dementia. We present a 69-year-old female