factors and sources of resiliency in LGBTQ populations. Culturally competent care is integral to psychiatric treatment of older LGBTQ adults.

Note:
This abstract was presented at the American Association of Geriatric Psychiatry 2021 Annual Meeting.

544 - Validation of a new cognitive screening tool, the Brain Health Test-7, for identification of mild cognitive impairment and early dementia in 3 differentkinds of hospital settings

Meng-Shiuan Shie[1], Mei Xian Loi[4], His-Chung Chen[1,2], Ming-Hsien Hsieh[1,2], Yi-Ting Lin[1,2], Chen-Chung Liu[2,3], Pei-Ning Wang[5,6,7], Jiahn-Jyh Chen[8], Cheng- Sheng Chen[9,10], Chih-Cheng Hsu[11], Tzung-Jeng Hwang[1,2]

[1] Department of Psychiatry, National Taiwan University Hospital, Taipei,Taiwan.
[2] Department of Psychiatry, College of Medicine, National Taiwan University,Taipei, Taiwan.
[3] Department of Psychiatry, Hsin-Chu Branch, National Taiwan University,Taipei, Taiwan.
[4] Department of Psychiatry, Far Eastern Memorial Hospital, New Taipei City,Taiwan.
[5] Department of Neurology, Neurological Institute, Taipei Veterans GeneralHospital, Taipei, Taiwan
[6] Brain Research Center, National Yang Ming Chiao Tung University, Taipei,Taiwan.
[7] Aging and Health Research Center, National Yang Ming Chiao TungUniversity, Taipei, Taiwan.
[8] Department of Geriatric Psychiatry, Taoyuan Psychiatric Center, Minitry ofHealth and Welfare, Taoyuan, Taiwan
[9] Department of Psychiatry, Chung-Ho Memorial Hospital, Kaohsiung MedicalUniversity, Kaohsiung, Taiwan
[10] Department of Psychiatry, School of Medicine, Kaohsiung MedicalUniversity, Kaohsiung, Taiwan.
[11] Division of Geriatrics and Gerontology, Institute of Population HealthSciences, National Health Research Institutes, Taiwan.

Background
The Brain Health Test-7 (BHT-7) is a revised tool from the original BHT, containing more tests about frontal lobe function. It was developed with theaim of identifying patients with mild cognitive impairment (MCI) and early dementia.

Research objective
Here we report the validity of the BHT-7 versus the Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) in differentpsychiatry or neurology clinics.

Methods
Patients with memory complaints were recruited in this study from the outpatient clinic of psychiatry or neurology in 3 different kinds of hospitals. Allpatients underwent the evaluation of the BHT-7, MMSE, MoCA, and clinical dementia rating (CDR). The clinical diagnosis (normal, MCI, dementia) was made by consensus meeting, taking into account all available data.

Demographic data and the scores of the MMSE, MoCA, and BHT-7 between groups were compared. Logistic regression was adopted for analysis of optimal cutoff values, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), receiver operating characteristic (ROC) curve,and the area under the ROC curve (AUC).

Results
We enrolled a total of 1090 subjects (normal 402, MCI 317, dementia 371); of them, 705 (64.7%) were female. There was a statistically significant differencein age, years of education, and 3 cognitive test scores among the 3 groups.

https://doi.org/10.1017/S1041610221002398 Published online by Cambridge University Press

Compared with the MMSE and MoCA, the BHT-7 performed slightly betterthan MMSE and MoCA in differentiating MCI or dementia from the normalcontrols (Table 1). For BHT-7, the cutoff point was 17 between normal andMCI, and 14 between normal and dementia. These cutoff points for BHT-7were consistent through 3 different clinical settings, but inconsistent for MMSE and MoCA. The testing time for the BHT-7 was about 5-7 minutes, shorter than that of the MMSE and MoCA.

Conclusion

Compared with MMSE and MoCA, the BHT-7 showed slightly better performance in differentiating normal from MCI or dementia subjects. The testing time for the BHT-7 was shorter, and its cutoff points were consistent through different outpatient clinic settings. The results support that BHT-7 is auseful cognitive screening tool for MCI or early dementia in various hospital settings.

Table 1: Comparisons of the performance of BHT-7, MMSE, MoCA

	AUC	cutoff	SEN	SPE	PPV	NPV
Normal vs. MCI						
BHT-7	0.8532	≦17	0.8170	0.7413	0.7135	0.8371
MMSE	0.8061	≦27	0.7950	0.6883	0.6684	0.8091
MoCA	0.8316	≦25	0.8202	0.6791	0.6684	0.8273
Normal vs. Dementia						
BHT-7	0.9848	≦14	0.9434	0.9602	0.9563	0.9484
MMSE	0.9693	≦24	0.8895	0.9626	0.9565	0.9040
MoCA	0.9768	≦21	0.9245	0.9428	0.9372	0.9312
Normal vs. MCI + Dementia						
BHT-7	0.9241	≦16	0.8372	0.8458	0.9028	0.7522
MMSE	0.8941	≦25	0.7282	0.9152	0.9365	0.6625
MoCA	0.9099	≦23	0.8081	0.8532	0.9041	0.7221

545 - Exploratory factor analysis of the Rowland Universal Dementia Assessment Scale.

Authors:
Garcia-Casal, J. Antonio[1]
Coelho de Cunha Guimarães, Natacha[2]
Díaz Mosquera, Sofía[3]
Alvarez Ariza, María[4]
Mateos Álvarez, Raimundo[5]

[1] Clinical Psychologist, Servicio Navarro de Salud, IdiSNA, Pamplona, Spain.
[2] Primary Care Physician, Granadilla de Abona Health Center, Tenerife, Spain.
[3] Helicopter and ambulance emergency physician, Galician Public Health Emergency Foundation, Santiago de Compostela, Spain.
[4] Department of Psychiatry, Vigo Health Area, Hospital Álvaro Cunqueiro, Spain Translational Neuroscience Group, Galicia Sur Health Research Institute, Spain.

https://doi.org/10.1017/S1041610221002398 Published online by Cambridge University Press