

EPP0076

Comparing the distribution of neuropsychiatric symptoms among individuals with depression and mild cognitive impairment

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Introduction: Neuropsychiatric symptoms (NPS) are common during the course of neurocognitive disorders. NPS have been previously reported in early and late stages of Alzheimer's Disease. However, our understanding of NPS in high-risk states for dementia such as mild cognitive impairment (MCI) and major depressive disorder (MDD) is poor.

Objectives: To compare the frequency and factor structure of neuropsychiatric symptoms among individuals with Mild Cognitive Impairment (MCI), Major Depressive Disorder (MDD) in remission, and comorbid MCI and MDD (in remission) (MCI-D). **Methods:** We used baseline data from the Prevention of Alzheimer's Dementia with Cognitive Remediation Plus Transcranial Direct Current Stimulation in Mild Cognitive Impairment and Depression (PACT-MD) study, a multicenter trial across five academic sites in Toronto, Canada (clinical trial No. NCT0238667). We used ANOVA or χ^2 -test to compare frequency of NPS across groups. We used factor analysis of Neuropsychiatric Inventory Questionnaire (NPI-Q) items in the three groups.

Results: We included 374 participants with a mean age of 72.0 years (SD = 6.3). In the overall sample, at least one NPS was present in 64.2% participants, and 36.1% had at least moderate severity NPS (36.1%). Depression (54%, $\chi^2 < 0.001$) and apathy (28.7%, $\chi^2 = 0.002$) were more prevalent in the MCI-D group as compared to MCI and MDD groups. In factor analysis, NPS grouped differently in MCI, MDD, and MCI-D groups. A "psychotic" subgroup emerged among MCI and MCI-D, but not in MDD. Night-time behaviors and disinhibition grouped differently across all three groups.

Conclusions: Prevalence of NPS seems higher in persons with MCI-D as compared to those with only MCI or MDD. The factor structure of NPS differed between MCI, MDD, and MCI-D groups. Future studies should investigate the association of NPS factors with cognition, function, and illness biomarkers.

Disclosure of Interest: None Declared

EPP0077

Developing and Validating for Cognitive Screening Tools for Identifying and Intervening Dementia among Older Persons in Rural Uganda.

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Introduction: Background: Although risk of developing dementia increase in later years, identification and assessment of older persons with dementia in developing countries is still low. Access to easy and user friendly cognitive screening tools by the health care professional in developing countries is difficult.

Objectives: The study aimed to develop, validate and field test the cognitive screening tool for use in outpatient departments within health facilities in Uganda.

Methods: In the rural eastern region of Uganda, twenty-three (23) purposively selected health facilities and administered a scientifically derived cognitive screening tools to all eligible older persons. We conducted an inter-rater reliability in all the health facilities using three raters. Diagnosis of dementia (DSM-IV) was classified as a major cognitive impairment and was quality checked by physiatrist who were blinded to results of the screening assessment.

Results: The area under the receiver operating characterizes (AUROC) curve in health facilities was 0.912. The inter-rater reliability was good (Intra-class correlation coefficient of 0.692 to 0.734). the predictive accuracy of the tool to discriminate between dementia and other cognitive impairment was 0.892. In regression modal, the cognitive screening tool, didn't appear to be biased by age.

Conclusions: The cognitive screening tool if performed well among the older persons, can be proved useful for screening dementia in other developing countries

Disclosure of Interest: None Declared

EPP0078

Resting-state fMRI markers of conversion to dementia in amnesic MCI: a pilot study

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Introduction: Patients with amnesic mild cognitive impairment (aMCI) have a high risk of transition to Alzheimer's disease. Analysis of potential biomarkers of conversion to dementia in this clinical group is crucial for prognosis and early intervention.

Objectives: The aim of the pilot study was to compare whole-brain functioning characteristics (fMRI, spontaneous activity and local coherence) in aMCI converters and non-converters to dementia.

Methods: Nine aMCI converters to dementia of the Alzheimer's type (mean age 69.2 ± 8.2 ; 9 females) and ten aMCI non-converters (mean age 65.9 ± 6.1 ; 8 females) underwent resting-state fMRI (3T). All patients were followed up for three years. Baseline whole-