

## EV0759

**The Portuguese participation in the Actifcare (access to timely formal care in dementia) European study: Preliminary results of systematic reviews, qualitative and quantitative data**

M. Gonçalves-Pereira<sup>1,\*</sup>, M.J. Marques<sup>1</sup>, C. Balsa<sup>1</sup>, T. Reis<sup>1</sup>, A. Machado<sup>1</sup>, H. Bárrios<sup>1</sup>, L. Alves<sup>1</sup>, A. Verdelho<sup>2</sup>, G. Meyer<sup>3</sup>, B. Woods<sup>4</sup>, A. Wimo<sup>5</sup>, G. Selbaeck<sup>6</sup>, K. Irving<sup>7</sup>, O. Zanetti<sup>8</sup>, M. Orrell<sup>9</sup>, M. De Vugt<sup>10</sup>, F. Verhey<sup>10</sup>

<sup>1</sup> Nova Medical School/FCM, Universidade Nova de Lisboa, CEDOC, Chronic Diseases Research Center, Lisbon, Portugal

<sup>2</sup> Faculdade de Medicina, Universidade de Lisboa, Department of Neurosciences and Mental Health-IMM-ISAMB, Lisbon, Portugal

<sup>3</sup> Martin Luther University Halle-Wittenberg, Medical Faculty, Institute for Health and Nursing Sciences, Halle, Germany

<sup>4</sup> Bangor University, Dementia Services Development Centre Wales, Bangor-Wales, United Kingdom

<sup>5</sup> Karolinka Institutet, KI Alzheimer's Disease Research Center-Department Neurobiology-Care Sciences and Society, Stockholm, Sweden

<sup>6</sup> Faculty of Medicine, University of Oslo, Norwegian Advisory Unit on Ageing and Health-Tonsberg, Oslo, Norway

<sup>7</sup> Dublin City University, School of Nursing and Human Sciences, Dublin, Ireland

<sup>8</sup> "Centro S. Giovanni di Dio" Fatebenefratelli, Alzheimer's RU-Memory Clinic, Brescia, Italy

<sup>9</sup> Nottingham University, Institute of Mental Health, Nottingham, United Kingdom

<sup>10</sup> Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, The Netherlands

\* Corresponding author.

**Introduction** In the context of untimely access to community formal services, unmet needs of persons with dementia (PwD) and their carers may compromise their quality of life.

**Objectives/aims** The Actifcare EU-JPND project ([www.actifcare.eu](http://www.actifcare.eu)) focuses on access to and (non) utilization of dementia formal care in eight countries (The Netherlands, Germany, United Kingdom, Sweden, Norway, Ireland, Italy, Portugal), as related to unmet needs and quality of life. Evaluations included systematic reviews, qualitative explorations, and a European cohort study (PwD in early/intermediate phases and their primary carers;  $n=453$  days; 1 year follow-up). Preliminary Portuguese results are presented here (FCT-JPND-HC/0001/2012).

**Methods** (1) extensive systematic searches on access to/utilization of services; (2) focus groups of PwD, carers and health/social professionals; (3) prospective study ( $n=66$  days from e.g., primary care, hospital outpatient services, Alzheimer Portugal).

**Results** In Portugal, nationally representative data is scarce regarding health/social services utilization in dementia. There are important barriers to access to community services, according to users, carers and professionals, whose views not always coincide. The Portuguese cohort participants were 66 PwD (62.1% female,  $77.3 \pm 6.2$  years, 55.5% Alzheimer's/mixed subtypes, MMSE  $17.8 \pm 4.8$ , CDR1  $89.4\%$ ) and 66 carers (66.7% female,  $64.9 \pm 15.0$  years, 56.1% spouses), with considerable unmet needs in some domains.

**Conclusions** All Actifcare milestones are being reached. The consortium is now analyzing international differences in (un) timely access to services and its impact on quality of life and needs for care (e.g., formal community support is weaker in Portugal than in many European countries). National best-practice recommendations in dementia are also in preparation.

Abstract submitted on behalf of the Actifcare Eu-JPND consortium.

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## EV0760

**Risk of suicidal behaviours in elderly**

S. Goretti\*, M.D.C. Sánchez Sánchez,

B. Góngora Oliver, M.D. Sanz Fernández

U.G.C. Salud Mental Almeria, UHSM Torrecardenas, Almeria, Spain

\* Corresponding author.

**Introduction** Older adults constitute the age group in which suicide more often reaches its most categorical expression: consummation.

**Objective** Identify risk factors for suicide in older people.

**Method** Systematic review of the literature on the subject. The databases consulted were Dialnet and Pubmed. The descriptors used have been: "suicide", "risk factors" and "elderly", accepting the works found in English and Spanish, with a total of 501 references found after the search, from which 75 have been selected.

**Results** As shown in the reviewed studies, there is a progressive increase in suicide rate with age in males. The purpose of dying in the old man is usually characterized by his firm conviction, not infrequently reflexive and premeditated. In the multifactorial etiology of suicidal behaviour in this age group, the main elements to be considered would be psychosocial factors, psychiatric diseases and chronic somatic diseases, resulting in a potentiation among them due to their frequent interaction. The feeling of abandonment, the feeling of emptiness, the despair of the organic collapse and the self-perception of being a useless person, without projects, generates deterioration in the quality of life.

**Conclusions** In the multifactorial etiology of the suicidal behaviour of the elderly, they usually play coprotagonist roles, loneliness, isolation, somatic illness and depression. The most likely profile of the suicidal elder would be represented by a man with a history of depressive episode after age 40, who lives alone, with a family history of depression or alcoholism and a recent loss.

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## EV0761

**Decrease selected graphomotor skills in early stages of Alzheimer's dementia**

E.J. Gorzelańczyk<sup>1,\*</sup>, K. Pasgreta<sup>1</sup>, P. Walecki<sup>2</sup>

<sup>1</sup> Collegium Medicum, Nicolaus Copernicus University, Department of Theoretical Biomedical Sciences and Medical Informatics, Bydgoszcz, Poland

<sup>2</sup> Jagiellonian University Medical College, Faculty of Medicine, Kraków, Poland

\* Corresponding author.

**Introduction** In the early stages of Alzheimer's disease (AD) motor and cognitive dysfunctions has been observed.

**Objectives** In previous studies we have shown that AD patients present abnormalities of selected graphomotor skills, but results were vary and not conclusive. In this study, we conducted more extensive tests on a larger study group.

**Aims** The aim of the study is to identify which graphomotor functions are impaired in the early stages of AD.

**Methods** Seventy-one patients with mild and moderate AD (F.00.0, F.00.1, F.00.2) (MMSE  $20.3 \pm 3.8$ ; age  $79.1 \pm 5.21$ ) were examined. Forty-four healthy ones (C) without symptoms of dementia, matched for demographic characteristics (MMSE  $29 \pm 1.1$ ; age  $78.3 \pm 4.7$ ) were examined. Graphomotor skills were assessed by the original drawing test (the eight figures and the signature) performed in a magnetic field (resolution 2540 dpi and