

cut-off for “older offender” is defined from the age of 50, due to the lifestyle previous to prison and premature ageing.

**Objectives:** The authors intend to understand the challenges of aging in prison and forensic services, highlighting the psychiatric comorbidities of inmates and how these services can adapt to the needs of this population.

**Methods:** Non-systematic review of the literature.

**Results:** Studies of elderly in prisons and elderly forensic psychiatric patients are limited. Prisoners have increased physical and psychiatric morbidity and early mortality as they are more exposed to risk factors and more likely to have at least one health problem compared to older adults in the community. Compared to older people in the community, older prisoners are at higher risk for most psychiatric disorders including depression, psychosis, bipolar disorder, cognitive impairment, personality disorder and anxiety. Suicide rates are also higher among elderly prisoners. The inadequacy of the prison system to respond to the unique needs of elderly prisoners has a detrimental impact on their overall experience of incarceration. The development of specific services for elderly prisoners or the adaptation of mixed units for the elderly population is proposed.

**Conclusions:** The elderly population in prisons is growing and has higher risk of psychiatric pathology compared to community elders. Prison services with difficulties in identifying and meeting these needs.

**Disclosure:** No significant relationships.

**Keywords:** Secure Services; forensic psychiatry; older offender; Ageing

## Model Systems

### EPV0792

#### Crisis Intervention Team of Avilés. Results after three years

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**Introduction:** This Crisis Intervention Team was born in October 2018 with the aim of intensifying the treatment of people in psychiatric crisis situation.

**Objectives:** Provide an intensive and early assessment and approach in a timely manner. It also provides home care if necessary.

**Methods:** The team intensively performs scheduled visits, emergencies, telephone interventions and home care. It is in constant coordination with other structures of the mental health and socio-health network.

**Results:** A total of 83 patients have been included in our team since its inception. The youngest was 17 years old and the oldest 83 years old (exceptional case in evaluation). The mean age was 45.6 years. 67.4% were female (56 women) and 32.5% male (27 men). The delay in care did not exceed 48 hours.

200 patients were evaluated into suicide protocol, with ages ranging from 15 to 85 years, with a mean age of 45.4 years. The delay in care does not exceed 10 days.

**Conclusions:** This is a team that offers a rapid response, dedicates the necessary time for a correct evaluation of the risk, of the evolution and tries to establish a therapeutic alliance in record time. It is able to tolerate a certain degree of uncertainty, manage and tolerate the level of risk. He stands out for being flexible and dynamic in order to be able to adapt to the patients and their circumstances. This requires empathy, closeness and commitment.

**Disclosure:** No significant relationships.

**Keywords:** crisis intervention team Aviles

## Intellectual Disability

### EPV0793

#### Use of the results of the study of oral fluid and buccal epithelium in the diagnosis of Alzheimer's disease

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**Introduction:** The aim of the study was a comparative analysis of the results of neuropsychological tests with the indicators of the study of oral fluid and buccal epithelium cytograms in patients with Alzheimer's disease.

**Objectives:** In the main group of 12 patients with Alzheimer's disease,  $m=76.25\pm 4.89$ . There were 12 cognitively healthy people in the control group. The average MMSE score among the observations of the main group was  $13.42\pm 3.63$ .

**Methods:** The ADAS-COG scale was used to detail the impaired cognitive functions. The concomitant pathology is compensated. The content of BDNF, TNF- $\alpha$ , IL1RA, IL-6, and IL-8 was determined in the oral fluid and in the blood serum.

**Results:** When analyzing buccal cytograms, attention was drawn to a pronounced increase in the number of cells with micronuclei in patients with AD to 1.8%; in the control group, the median was 0.1% ( $p<0.05$ ). A direct correlation was established between the number of binuclear cells and the level of BDNF in the blood serum ( $r=0.646$ ;  $p=0.03$ ) in patients with AD. It is also important to note that the level of serum BDNF had a significant direct correlation with immediate memory, and the concentration of salivary BDNF correlates with the parameter of naming objects.

**Conclusions:** Correlations between amnesia, speech disorders, praxis, gnosis and pathology of the oral fluid and buccal epithelium, especially with the severity of karyopycnosis and karyorexis, have been established, indicating a direct correlation between the neurodegenerative process pathogenetically associated with Alzheimer's disease and the processes of systemic inflammation and degeneration of the buccal epithelium.

**Disclosure:** No significant relationships.

**Keywords:** ORAL FLUID; BUCCAL EPITHELIUM; Alzheimer's disease