

study consist of the comparison of experimental and control groups regarding to cognitive functions as well as biological factors.

Conclusions Whole-body cryotherapy may be supposed to improve cognitive functions in MCI patients. The modulatory effect of WBC on immunological response may be considered as one of possible mechanisms of its action. However, there is no confirmation how long the effects resist so further investigations are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1131>

EV0802

Health-related quality of life in old age institutionalized patients with neurocognitive disorders

O. Vasiliu^{1,*}, D. Vasile¹, D.G. Vasiliu², F. Vasile³

¹ Dr. Carol Davila" Central Military Hospital, Psychiatry, Bucharest, Romania

² Coltea Clinical Hospital, Internal Medicine, Bucharest, Romania

³ University of Medicine and Pharmacy Titu Maiorescu, General Medicine, Bucharest, Romania

* Corresponding author.

Health-related quality of life (HRQOL) is an important indicator of how a patient perceives hi/her own physical and mental status. Evaluating this dimension in old age patients which are institutionalized for neurocognitive disorders is useful from several perspectives: (1) determination of an initial value for HRQOL parameters could help the case manager in structuring an individualized therapeutic intervention, adapted for psychological, somatic or psychosocial needs of each patient; (2) monitoring the evolution of HRQOL dimensions could help in improving through feedback the quality of therapeutic intervention(s), especially if the case manager is permanently in contact with the patient, as is usually the case of institutionalized subjects; (3) correlation between HRQOL and other important variables, like therapeutic adherence, regression of comorbidities, daily functioning etc. could modulate the therapeutic intervention. We suggest a plan for HRQOL evaluation in institutionalized patients diagnosed with neurocognitive disorder, consisting in monthly scoring of SF-36 or EuroQoL questionnaire, corroborated with MMSE and ADAS-Cog scoring. Psychotherapeutic interventions tailored to the needs identified through HRQOL periodic evaluations could be useful in this population, for example a perceived isolation could be compensated by increasing the rhythm of social interaction by group therapy under the direction of a counsellor, a reduced self-efficacy could be compensated by activation techniques, music or art-therapy, while dissatisfaction with own memory capacities could be mitigated using reminiscence therapy. Switching from a paternalistic way of perceiving the patient as the object of an intervention, to a more interactive style of communication, involves obtaining feed-back through HRQOL instruments.

Disclosure of interest COI: The presenting author was speaker for Bristol Myers Squibb and Servier, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1132>

EV0803

Validation of a measure of positive and negative affect for use with cross-national older adults

S. Von Humboldt*, I. Leal

ISPA-Instituto Universitário, William James Center for Research, Lisbon, Portugal

* Corresponding author.

Introduction Positive Affect (PA) and Negative Affect (NA) have been used as general dimensions to describe affective experience, and they are the affective, emotional components of SWB.

Objectives Positive and negative affect is a relevant facet of well-being for community-dwelling older adults. This study aims to conduct a validation of the Positive and Negative Affect Scale (PANAS), by assessing the psychometric properties (distributional properties, construct, criterion and external-related validities, and reliability) of the PANAS in a cross-national sample of older adults.

Methods A cross-sectional survey design was used. A convenience sample of 1291 community-dwelling older adults aged 75 years old and older was recruited from community centers. Construct validity was estimated through confirmatory factor analysis and convergent validity. Criterion and external-related validities, reliability and distributional properties were also assessed.

Results The PANAS demonstrated satisfactory reliability, distributional properties, and construct, criterion and external-related validities in this sample of older adults.

Conclusions These results suggest that the PANAS can be used as a reliable and valid measure for examining positive and negative affect among cross-national community-dwelling older adults.

Keywords Older adults; Psychometric properties; Positive and negative affect; Positive and negative affect scale; Validation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1133>

EV0804

Older adults' adjustment to aging: The impact of sense of coherence, subjective well-being and socio-demographic, lifestyle and health-related factors

S. Von Humboldt*, I. Leal

ISPA-Instituto Universitário, William James Center for Research, Lisbon, Portugal

* Corresponding author.

Introduction Literature lacks of studies assessing correlates of adjustment to aging (AtA) among older populations.

Objective The aim of this study was to build a structural model to explore the predictors of adjustment to aging (AtA) in a community-dwelling older population.

Methods A community-dwelling sample of 1270 older adults aged between 75 and 102 years answered a questionnaire to determine socio-demographic (sex, age, professional and marital status, education, household, adult children, family's annual income, living setting and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, medication and leisure). Several instruments were used to assert psychological variables, namely AtA, sense of coherence and subjective well-being. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

Results Significant predictors are self-reported spirituality ($\beta = .816$; $P < .001$), perceived health ($\beta = .455$; $P < .001$), leisure ($\beta = .322$; $P < .001$), professional status ($\beta = .283$; $P < .001$), income ($\beta = .230$; $P = .035$), household ($\beta = -.208$; $P = .007$), sense of coherence ($\beta = -.202$; $P = .004$) and adult children ($\beta = .164$; $P = .011$). The variables explain 60.6% of the variability of AtA.

Conclusions Self-reported spirituality is the strongest predictor of AtA. This study emphasizes the need for deepening the variables that influence older adults' AtA, in particular perceived health and further lifestyle-related characteristics, as being relevant for promoting aging well in later life, within a salutogenic context for health care.

Keywords Adjustment to aging; Older adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1134>

EV0805

A study on the factors that contribute to older adults' sexual unwellness

S. Von Humboldt*, I. Leal

ISPA-Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Introduction Older adults may remain sexually interested and capable into their 90s.

Objectives To analyze the contributors to sexual unwellness (SU) and to explore the latent constructs that can work as major determinants in SU for a cross-national older community-dwelling population, and to analyze the explanatory mechanisms of a SU model, in an older cross-national sample.

Methods A socio-demographic and health questionnaires were completed, assessing participants' background information. Interviews were completed, focused on the contributors to SU. Complete data were available for 109 English and Portuguese older adults, aged between 65–87 years ($M = 71.6$, $SD = 6.95$). Data was subjected to content analysis. Representation of the associations and latent constructs were analyzed by a Multiple Correspondence Analysis.

Results The most frequent response of these participants was 'lack of intimacy and affection' (25.1%) whereas 'poor sexual health' was the least referred indicator of SU (11.2%) A two-dimension model formed by 'poor affection, intimacy and sexual health', and 'poor general health and financial instability' was presented as a best-fit solution for English older adults. SU for Portuguese older adults were explained by a two-factor model: 'daily hassles and health issues', 'poor intimacy and financial instability'.

Conclusions These outcomes uncovered the perspective of older adults concerning SU and the need of including these factors when considering the sexual well-being of older samples.

Keywords Community-dwelling older adults; Content analysis; Multiple correspondence analysis; Sexual unwellness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1135>

EV0806

A checklist for assessing dementia-friendly design: Architecture as non-pharmacological mean in assistance of patients with dementia

M.V. Zamfir^{1,*}, M. Zamfir Grigorescu²

¹ Carol Davila University of Medicine and Pharmacy, Physiology II, Neurosciences Division, Faculty of Medicine, Bucharest, Romania

² "Ion Mincu" University of Architecture and Urbanism, Faculty of Architecture, Bucharest, Romania

* Corresponding author.

Introduction Although there are recommendations regarding dementia-friendly architecture, studies on design features and their impact on quality of life of patients with dementia are quasi-nonexistent. The design of the environment is one of the non-pharmacological methods in the assistance of patients with dementia.

Objectives Setting a checklist of design principles in order to assess centers for elderly with dementia; identifying the types of centers where will be applied the checklist; implementation of the checklist and determining results of assessment.

Aims Our aim is to challenge the contemporary architecture of centers for elderly to be friendly with dementia patients.

Methods After studying literature we built a check-list of 8 principles: providing a comfortable space and also a therapeutically environment; functionality and efficiency; flexibility and accessibility; optimal design of circulation routes in order to avoid disorientation and to reduce agitation; security and safe; aesthetics; sanitation; sustainability. We then performed a case-study on two types of settings, day care centers and respite centers, and we applied the check list on three examples: two urban Day Care Centers for patients with Alzheimer Dementia (2006, Pontevedra, Spain and 2011, Alicante, Spain) and a Respite Center (2009, Dublin, Ireland).

Results In general, the centers are verifying the proposed check-list. Four architectural tools were identified: light, form, colour and texture. Form is more recognizable than colour and colour more recognizable than function.

Conclusions Architecture contributes to increase quality of life in people with dementia. The proposed checklist is a promising tool for assessing dementia-friendly design.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1136>

e-Poster Viewing: Oncology and psychiatry

EV0807

Suicide risk in cancer patients – Are we prepared?

M. Alves^{1,*}, A. Tavares²

¹ Hospital Magalhães Lemos, Serviço C, Porto, Portugal

² Instituto Português de Oncologia, Serviço de Psico-Oncologia, Porto, Portugal

* Corresponding author.

Introduction Individuals with cancer are at increased risk for suicidal ideation and behaviour when compared to the general population. Suicidal thoughts are sometimes minimized and considered by clinicians as a normal reaction to diagnosis of oncological disease. Less severe forms of suicidal ideation, such a fleeting wish to die may happen in all stages of the disease.

Objectives We aim to highlight the cases of cancer patients that present an imminent suicide risk and its related psychopathological aspects, psychosocial and physical risk factors that may increase the probability of suicidal attempt.

Methods Non systematic literature review through the Medline and Clinical Key databases, with time constraints.

Results Individuals with cancer have twice the risk of suicide compared to the general population. It was found that suicidal thoughts are more common in patients with advanced disease, in hospital or in palliative care settings or in those who are experiencing severe pain, depression, cognitive impairment or delirium. The first months following the diagnosis are the period of greatest risk and the highest suicide risk occurs in men with respiratory cancers. Death by suicide occurs more often in cancer patients in the advanced stages of disease.

Conclusions An appropriate therapeutic response should include empathy, active listening, management of realistic expectations and permission to discuss psychological distress. The first intervention should focus on determining imminent risk of suicidal behaviour and act for patient safety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1137>