

EPP0241

Role of Different Forms and Intensities of Physical Activity in Prevention of Dementia

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Introduction: Dementia is one of the greatest health challenges worldwide. According to the World Health Organisation (WHO) factsheet, currently more than 55 million people worldwide have dementia, with over 60% living in low- and middle-income countries. Every year, there are nearly 10 million new cases of dementia. WHO Global Status Report 2021 estimated growth of 139 million people with dementia by 2050. The estimated total global cost of dementia is likely to surpass US\$ 2.8 trillion by 2030. As one grows older, the risk of developing dementia, particularly Alzheimer's Disease, progressively increases. The Lancet Commission Reports 2017 and 2020 on dementia prevention, intervention, and care identified 12 modifiable risk factors, including physical inactivity, obesity, midlife hypertension, and diabetes. Addressing these lifestyle factors may significantly reduce the risk of dementia and its progression. While no curative or disease-modifying treatment is available for dementia at his stage, addressing modifiable risk factors may have a preventive role in reducing the risk of dementia.

Objectives: The objective of the literature review is to explore current evidence on Physical Activity (PA) in reducing the risk of developing dementia and its progression. The focus is also to see the association of different forms and intensities of PA and their intensities, including aerobic, strength-based, and leisure, with the risk and progression of dementia.

Methods: Narrative review

Results: Results from the reviewed studies showed that PA was found to be associated with a reduced risk of dementia, particularly Alzheimer's Disease. Studies comparing different intensities of PA indicate though all levels of PA decrease the risk of dementia, there is a linear relationship between the higher intensity PA and the increased beneficial effect in terms of reduced risk of dementia. Leisure-time PA also has a protective role against dementia in longitudinal studies. There is more consistent evidence in favour of aerobic PA; however, it has a ceiling effect. The combination of aerobic and strength-based experience provides optimum beneficial effects. The elderly population who started physical activity in their 80s experienced the beneficial effects of PA in reducing the risk of dementia. There is mixed evidence of the protective effect of PA on the population who have already developed cognitive impairment or have genetic vulnerabilities. The author will also include the results of any relevant study published by 31 March 2024.

Conclusions: The details of the literature results and conclusions will be discussed at the conference.

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EPP0242

Evaluation of the Effect of Resilience and General Quality of Life on Frailty in the Elderly

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Introduction: As the life expectancy at birth improved, the increase in the elderly population, one of the most vulnerable groups in society, brings about some problems. Frailty is a condition that increases the risk of progressive deterioration in physiological functioning, hypersensitivity to stress and adverse health outcomes. Frailty is quite common in older people. In frail older people, recovery from illnesses is delayed and the likelihood of sequelae is increased. If frailty is recognized early, the likelihood of disease sequelae and mortality can be reduced.

Objectives: This study was conducted to determine the relationship between psychological resilience and quality of life on frailty in individuals aged 65 years and older admitted to hospital.

Methods: The study group of this cross-sectional study consisted of 504 people who applied to an outpatient clinic at a university hospital. The Tilburg Frailty Scale, the Connor Davidson Psychological Resilience Scale Short Form and the EQ-5D-3L General Quality of Life Scale were used. The Kolmogorov-Smirnov test, the chi-square test, the Spearman correlation analysis and the multivariate logistic regression were used to analyse the data.

Results: 292 of the participants in the study group were men. Their ages ranged from 65 to 90 years, and the mean was 70.5 ±4.9 years. Scores on the Tilburg Frail Scale ranged from 0 to 14, and the mean was 6.3±2.7 points. In the study, 71.1% of participants were classified as frail. It was determined that there was a moderate negative correlation between the results of the Tilburg Frailty Scale and the results of the Connor Davidson Psychological Resilience Scale ($r = -0.436$) and the EQ-5D-3L VAS Scale ($r = -0.608$) and a strong positive correlation between the results of the EQ-5D-3L Index Scale ($r = 0.729$) (for each $p < 0.001$). According to multivariate logistic regression, people who did not exercise regularly were 2,33 times more frail than those who did, and people who had a health problem that required bed rest were 2,18 times more frail than those who did not.

Conclusions: It was found that the frailty of people aged 65 and over is at a moderate level. An improvement in psychological resilience and general quality of life as well as an improvement in general health reduces frailty. It is recommended that people aged 65 and over to be physically active and to protect from situations that may require prolonged bed rest.

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