is really close to the social representation of the rest of population. To conclude, the authors will discuss about the influence and impact of this social representation on the decision process concerning the life project developed by the medical staff in psychiatry

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

EV0799

First neuropsychiatric symptoms and neurocognitive correlates of behavioral variant frontotemporal dementia

H. Santamaría García [1,*], P. Reyes [2], J.M. Santacruz-Escudero [2], D. Matallana [2], A. Ibañez [3]
[1] *Pontificia Universidad Javeriana, Psychiatry, Physiology, Bogotá, Colombia*
[2] *Pontificia Universidad Javeriana, Psychiatry, Bogotá, Colombia*
[3] *INCyt Laboratorio de Neurociencia Cognitiva y Traslacional, INECO-U Favaloro, Buenos Aires, Argentina*
* *Corresponding author.*

Previous works highlight the neurocognitive differences between apathetic and disinhibited clinical presentations of the behavioral variant frontotemporal dementia (bvFTD). However, little is known regarding how the early presentation (i.e., first symptom) is associated to the neurocognitive correlates of the disease's clinical presentation at future stages of disease. We analyzed the neurocognitive correlates of patients with bvFTD who debuted with apathy or disinhibition as first symptom of disease. We evaluated the neuropsychological, clinical and neuroanatomical (3 T structural images) correlates in a group of healthy controls ($n = 30$) and two groups of bvFTD patients (presented with apathy [AbvFTD, $n = 18$] or disinhibition [DbvFTD, $n = 16$]). To differentiate groups according to first symptoms, we used multivariate analyses. The first symptom in patients described the evolution of the disease. AbvFTD and DbvFTD patients showed increased brain atrophy and increased levels of disinhibition and apathy, respectively. Whole brain analyzes in AbvFTD revealed atrophy in the frontal, insular and temporal areas. DbvFTD, in turn, presented atrophy in the prefrontal regions, temporoparietal junction, insula and temporoparietal region. Increased atrophy in DbvFTD patients (compared to AbvFTD) was observed in frontotemporal regions. Multivariate analyses confirmed that a set of brain areas including right orbitofrontal, right dorsolateral prefrontal and left caudate were enough to distinguish the patients' subgroups. First symptom in bvFTD patients described the neurocognitive impairments after around three years of disease, playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

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

EV0800

Behavioral symptoms as predictor factor of disease progression across different neurocognitive disorders. A longitudinal study

H. Santamaría García [1,*], J.M. Santacruz Escudero [2], D. Matallana [3], A. Ibañez [4]
[1] *Pontificia Universidad Javeriana, Psiquiatría, Bogotá, Colombia*
[2] *Universidad Javeriana, Psychiatry, Bogotá, Colombia*
[3] *Javeriana, Instituto envejecimiento, Bogota, Colombia*

[4] *Instituto neurociencia Cognitiva y Traslacional INCyT, Neurociencia Cognitiva, Buenos Aires, Argentina*
* *Corresponding author.*

Background Previous works highlight the importance of neurocognitive symptoms over cognitive and functional dependency in neurocognitive disorders. However, little is known regarding to what extent presence of neuropsychiatric symptoms predicts disease progression, cognitive and functional impairments in behavioral variant frontotemporal dementia (bvFTD) and in Alzheimer dementia.

Methods We performed two different evaluations (T1 and T2) with 3 years of difference in a group of bvFTD ($n = 18$), AD ($n = 20$) and controls ($n = 22$). Neuropsychological, clinical and cognitive correlates were measured in each time T1 and T2. By using different multiple regression models, we explored if behavioral symptoms (measured by Columbia, Yesavage at T1) predict disease progression as measured by changes over T1 and T2 in cognitive (MoCA, IFS, and clock figure) and functional dependency (Lawton).

Results Behavioral symptoms, in particular depression, psychosis, apathy and disinhibition were factors able to predict cognitive and functional progression in bvFTD. By contrast, regression model revealed that depression and insomnia were behavioral factors able to predict progression in AD.

Conclusion Neuropsychiatric symptoms are crucial to predict disease progression in bvFTD and AD patients in differentiated ways. Our results suggest tha tracking early behavioral symptoms in neurocognitive disorders playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

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

EV0801

Mild cognitive impairments and whole-body cryotherapy – Placebo control study

K. Urbańska [1,*], B. Stańczykiewicz [1], D. Szcześniak [1], E. Trypka [1], A. Zabłocka [2], J. Rymaszewska [1]
[1] *Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland*
[2] *Ludwik Hirszfeld Institute of Immunology and Experimental Therapy, Polish Academy of Sciences, Department of Immunochemistry, Wroclaw, Poland*
* *Corresponding author.*

Introduction Cognitive impairment is considered to be a result of oxidative stress and disturbances in inflammatory status. Whole-body cryotherapy (WBC), which is a short exposure to extremely low temperatures, probably regulates the release of cytokines and nitric oxide. The hypothesis is that WBC may be useful in the therapy of mild cognitive impairments (MCI).

Aims The effect of the whole-body cryotherapy (WBC) on cognitive impairments was investigated.

Objectives In this study the observation of several biological factors and cognitive functions were conducted to analyse the WBC influence on cognitive deficits.

Methods People with MCI participated in 10 WBC sessions divided for experimental group ($-110\,°C$ till $-160\,°C$) or control group ($-10\,°C$ till $-20\,°C$). The MoCa test (scores 26 and lower) was used for inclusion criteria. Cognitive functions were measured with: TYM, DemTect and SLUMS at baseline and in follow-up. Biological factors (cytokines, BDNF, NO) were also assessed.

Results It was shown that memory domains in experimental group improved after WBC sessions. Also modulatory effect on inflammatory mediators in plasma was shown. The results of this

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.

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EV0802

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

O. Vasiliu [1,*], D. Vasile [1], D.G. Vasiliu [2], F. Vasile [3]
[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.

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EV0803

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

S. Von Humboldt*, I. Leal
ISPA-Instituo 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.

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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.