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e-Poster viewing: Old age psychiatry

EV0739

Relationship of social skills with perceived social dignity and mental health of elderly people

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Introduction Social skills enables one to interact effectively and avoid the adverse responses. Factors such as non-use of the elderly's skills, impaired social skills, indifference and neglect of the elderly impair social dignity and conversely factors such as living independently and respectful relationship will improve social dignity. The aim of current study was to assess the association between social skills and perceived social dignity and mental health of elderly people as well.

Methods In this cross sectional design, of the 300 elderly participants were recruited based on the randomized sampling method and Reggio social skills questionnaire, Jacelon perceived social dignity and general health questionnaire (GHQ12) were applied to gauge data by using a written questionnaire in the self report manner. For all tests a significance level of 0.05 was considered and statistics software SPSS version 21 and AMOS version 13 were used.

Result The results showed a significant relationship between social skills and mental health base on gender and age and also; there was a significant relationship between social skills and social dignity ($P < 0.001$). Social skills predicted 26% of social dignity among older people and also social skills predicted 16% of mental health dignity. Therefore, social skills, was a proper predictor for mental health and perceived social dignity.

Conclusion Due to the positive impact of social skills on the perceived social dignity and mental health of older population, it is needed to improve social skills of middle aged population which consequently affect on psychological well-being of aged people.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Residential unit for the elderly: Cases study and reflections on the first 18 months of functioning

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Introduction The Residential Unit for the Elderly (RUE) was established in August 2015 and has capacity for 8 inpatients. It is intended to behavioral reorganization and caregiver rest of elderly patients with behavioral changes, particularly in cases of cognitive impairment.

Aim We intend to describe the hospitalized population in the first 18 months and discuss the unit functioning and its impact on clinical stability of patients.

Methods Socio-demographic and clinical data were analyzed using the STATA v13.1 software, using multivariate regression model with a 0.05 significance level.

Results We present preliminary results from the first twelve months. Twenty-six patients admitted, 18 (69.2%) were female, with an average age of 76.7 years-old (IQR 71–86-years-old). The main reasons for referral were: caregiver rest (38.4%), psychopathological stabilization (30.7%) and autonomy training/cognitive stimulation (15.4%). Most patients had dementia (65.4%). Patients were hospitalized on average 78 days (IQR 30–98 days). Complications occurred in 18 patients (69.2%). There was an 85.7% reduction in the number of hospitalizations for any cause within 6 months after hospitalization in the RUE ($P < 0.001$) and a 75% reduction in hospitalizations from psychiatric cause ($P = 0.001$). Regarding visits to the emergency room (ER), we found a decrease of 87.1% in visits for psychiatric motive ($P < 0.001$) and 85.4% in visits for any cause ($P < 0.001$).

Conclusion Inpatient care in RUE has contributed to the clinical stability of patients with consequent reduced use of health services. Although the results still concern a short operating period, they appear to be promising.

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

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