

clinical characteristics to be taken into account. This case highlights some of them, drawing attention to this uncommon diagnosis.

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EV0747

Frontotemporal dementia: A diagnostic challenge

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Introduction Frontotemporal dementia (FTD), the second commonest cause of degenerative dementia after Alzheimer's disease in patients aged 65 years or less is characterized clinically by progressive changes in social, behavioural, and language function.

Objectives To do a complete psychiatric and neurological examination of a case with pick dementia.

Aims This case report wants to highlight the combination of psychiatric and neurological symptoms in FTD in order to improve the early diagnosis and therapeutical management.

Methods We report the case of a 62-years-old male who was admitted in psychiatric clinic, I Cluj-Napoca after he was transferred from neurology clinic I for distractibility, impersistence, apathy, loss of interest, emotional blunting, hyperorality, dietary changes, stereotyped behaviour, decline in personal hygiene. The delay in diagnosis was approximately 3 years, probably because his MMSE total score was 30 points and because he presented behavioural and verbal disinhibition, irritability, inappropriate emotional reacting and a CT with minimal changes.

Results Psychometric evaluations revealed: Frontal Assessment Battery (13/18), Frontotemporal Dementia Rating Scale (50% impairment, moderate severity level), ADL (activities of daily living) (Katz score = 4/7, moderate dependence, low self-care) and IADL (instrumental activities of daily living) (2/8 = high dependency level, low self-maintenance). MRI: fronto-temporal atrophy. The anamnesis, heteroanamnesis, para-clinical investigations led us to a diagnosis of FTD (Pick dementia).

Conclusions We should acknowledge that behavioural changes progress whatever the presentation, that cognitive decline occurs later and that FTD is a disease with a longer delay in onset of cognitive symptoms and diagnosis.

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EV0748

Self-compassion, well-being and health in elderly: Are there related?

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Introduction The increase in aging population is a major advance in society, but also a great challenge, imposing the need for actions that promote successful aging, with higher subjective well-being and better health.

Objectives (1) analyse the possible influence of socio-demographic variables in self-compassion, satisfaction with life, affection, physical and mental health (study variables); (2) understand how is that the study variables are associated with each other in old age; and (3) explore which variables best predict satisfaction with life and health in the elderly.

Method The study sample consists of 155 individuals, aged between 65 and 94 years old, institutionalised and non-institutionalised.

Results (1) significant correlations were found between some demographic and the study variables. (2) Significant associations were also found between self-compassion, subjective well-being and health. (3) linear regression analysis revealed that physical health is best predicted by greater life satisfaction and lower age; mental health is best predicted by increased satisfaction with life, self-compassion and decreased negative affect; and, finally, life satisfaction is predicted by a higher physical health and self-compassion.

Conclusions These results suggest the importance of developing psychological skills such as warmth, tolerance and the acceptance of suffering bearing in mind that the elderly may experience difficulties resulting from the developmental characteristics of old age. Our findings suggest the possible beneficial effect of compassion, focused therapies designed for this specific population, particularly contributing to the promotion of life satisfaction and mental health of the Portuguese elderly.

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The psycho-geriatric patient in the Emergency Room (ER) of the Maggiore della Carità Hospital in Novara

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Introduction Due to population aging, the health system will face increasing challenges in the next years. Concerning mental disorders, they are major public health issues in late life, with mood and anxiety disorders being some of the most common mental disorder among the elderly. For this reason, increasing attention has to be paid to the evaluation of the elderly in psychiatry emergency settings.

Objectives To evaluate the socio-demographic and clinical features of over 65 patients referred to psychiatric consultations in the ER of "Maggiore della Carità" Hospital in Novara, in a 7 years period.

Aims The analysis of the characteristics of the study sample could be potentially useful in resource planning in order to better serve this important segment of the general population.

Methods Determinants of ER visits for over 65 patients referred to psychiatric evaluation were studied retrospectively from 2008 to 2015.

Results Elderly patients made up 14,7% (n=458) of all psychiatric evaluation in the ER (n=3124). About two thirds (65,9%) were females and one third were males (34,1%). The mean age of patients recruited was 75.11 years. The majority of subjects (68.6%) presented without a diagnosis of Axis I according to DSM-IV. The other most frequent diagnosis was "cognitive disorders" (11.4%) and "mood disorders" (10.9%).

Conclusions The large proportion of patients without a diagnosis of Axis I, could be related to the misunderstanding of the psychosocial aspects of aging. Preliminary results highlight the importance of research on this topic, considering population aging and the impact of mental disorders in late-life.

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EV0750

A Delphi study to establish an expert consensus opinion on risk factors for type 2 diabetes, and potential complications of diabetes, including brain health associations

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Introduction Type 2 diabetes (T2DM) has a multifactorial aetiology, and wide-ranging potential health complications, including brain health associations.

Objectives A number of diabetes risk factors and complications have a strong evidence base. This study will address ambiguity in the literature regarding others.

Aims Results will inform development of a questionnaire for use among the public and individuals with diabetes, assessing knowledge of diabetes and brain health associations and the role of modifiable risk factors. Aiming to ultimately inform effective preventative strategies for both dementia and depression.

Methods A systematic literature review preceded this two-round modified Delphi study. Respondents rated their agreement with risk factors for T2DM, and potential complications of diabetes on an e-questionnaire.

Results Of 46 international experts invited to participate in round-one; 14 responded (30.4%). Thirteen respondents (92.9%) completed round-two questionnaire. Consensus was pre-defined as 70% or more agreement between respondents on questionnaire items. On completion, 11/18 risk factor items for T2DM met consensus criteria however 'depression' did not. Of diabetes complication items, 13/16 met consensus criteria (see Table 1).

Conclusions Study results indicate that international experts consider a number of brain health complications to be associated with diabetes. Results will be incorporated in a diabetes and brain health knowledge questionnaire for use among vulnerable populations.

Table 1 A sample of diabetes complications post round-two of Delphi.

	Median	Interquartile range	Percentage agreement
Kidney damage	5	0	100%
Eye damage	5	0	100%
Stroke	5	1	92.3%
Depression	4	2	92.3%
Dementia	5	1	92.3%
Memory problems	5	1	92.3%

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EV0751

Relevance of group devices in the psychological treatment of elderly patients

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The work aims to demonstrate the relevance of groupal psychotherapies and think tanks in elderly patients, suffering from various psychiatric disorders. The exhibition focuses on the consideration of a structural problem of aging seen from the point of view of defences and identifications, which some authors call "characteropatización of old age", resulting in stagnation in the development of treatments in therapeutic individual devices.

The paper postulates that groupal devices are more effective in treating patients older than treating individual cutting of different theoretical clinical guidelines, as are more suited to the production of mobilizing stiffened defences and crystallized identifications, won both by various effects of the death drive, which result in specific libidinal stasis, especially expressed in the substitutive formation called by some authors "letting die".

The statement places the group devices in the Freudian model of cell tissues, herringbone in various texts of his work, but expressed in more detail in "Beyond the Pleasure Principle", which postulates as the cause of the vital tension constellations composed of different but related cells. Communication is illustrated with clinical vignettes both therapeutic groups and think tanks, as with clinical material from patients who have received both individual treatment and group result of therapeutic work done in the Casabiarta institution during the last ten years. As a conclusion and opening of new questions, the text pans across different forms of resistance indication of group psychotherapy, which rooted in many current social representations of the group and the therapeutic.

Keywords Caracteropatización; Defense; Identifications; Device group.

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EV0752

Anxiety and depression among elderly hemodialyzed patients

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Introduction The haemodialysis, one of the main treatment modalities of chronic renal failure, imposes a great psychosocial burden on elderly patients, which may cause many psychological impacts.

Objective The aim of this study was to screen anxiety and depression in elderly patients on haemodialysis, taking into account factors that may contribute to.

Methods Our study was transversal, descriptive carried out among 38 elderly patients aged more than 60 years with chronic kidney failure on haemodialysis. The structured questionnaire used in this study was gathered information on socio-demographic and disease characteristics. We used the hospital anxiety and depression scale (HADS) to access anxiety and depression.

Results The mean age of our sample was 71 years. The sex-ratio (σ/φ) was 1.92, patients were mainly married (73.7%), and have a low school level (76.3%). The mean haemodialysis duration was 5 years \pm 4.68. The most common cause of renal failure was polycystic kidney disease (18.4%), diabetes (15.8%), while in 28.9% the cause was unknown. Anxiety was found in 18.4% of patients and it was associated with both low school ($P=0.02$) and socio-economic