

participants who completed the third wave of the study and who did not present dementia or other serious pathologies were selected. Mild Cognitive Impairment (MCI) was diagnosed according to the current criteria in a special meeting of the research team. In the participants without MCI, the intensity and severity of their complaints were assessed according to the Subjective Cognitive Decline (SCD) criteria. Physical frailty was assessed following the frailty phenotype as described by Fried et al.

**Results:** Only 4 participants (2.7%) presented physical frailty (3, 4 or 5 criteria in the frailty phenotype). Of those presenting physical pre-frailty (1 or 2 criteria), 36 were MCI (23.8%), 33 SCD (21.9%) and 36 controls. Finally, 40 participants (26.5%) presented no frailty criteria (8 with MCI, 13 with SCD and 19 controls). Participants with SCD and pre-frailty were of intermediate age and they had more years of education than the group with MCI and pre-frailty, although these differences were not significant. They have significantly more symptoms of depression (GDS) and worse mental health status (GHQ-12) than participants without frailty and pre-frailty controls, and more symptoms of anxiety (GAD-7) than participants without frailty.

**Conclusion:** The relationship between subjective memory complaints and frailty could help to establish groups at special risk of cognitive impairment in phases prior to objective cognitive decline, being these groups particularly optimal targets for preventive intervention. However, a detailed characterization of these subgroups is still required.

## **P53: Brain, Diabetes and Cognition**

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Diabetes mellitus (DM) is a chronic metabolic disease, characterized mainly by elevated levels of blood glucose, associated with other important metabolic disturbances. Prevalence of DM is dramatically increasing worldwide, but especially in western countries, due to several factors as like diet, lifestyle and population aging.

Recent studies demonstrate that some diabetic patients have an increased risk of developing cognitive decline and dementia compared with healthy individuals. Although this may reflect brain changes as a consequence of diabetes, the coexistence of diabetes and cognitive dysfunction suggest common risk factors and causative mechanisms.

Cognitive dysfunction, including mild cognitive impairment and dementia, is increasingly recognized as an important comorbidity and complication of diabetes that affects patient's health and diabetes management with several public health implications. The aim of our work is to give an overview of cognitive dysfunction in people with diabetes, describing its clinical features and their biochemical basis and future perspectives.

## **P54: The Valladolid Multicentre Study: Clinical Difference Between Age Groups in a Sample of Geriatric Patients Referred to 7 Liaison Psychiatrics**

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