EPP0076

Comparing the distribution of neuropsychiatric symptoms among individuals with depression and mild cognitive impairment

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doi: 10.1192/j.eurpsy.2023.416

Introduction: Neuropsychiatric symptoms (NPS) are common during the course of neurocognitive disorders. NPS have been previously reported in early and late stages of Alzheimer's Disease. However, our understanding of NPS in high-risk states for dementia such as mild cognitive impairment (MCI) and major depressive disorder (MDD) is poor.
Objectives: To compare the frequency and factor structure of neuropsychiatric symptoms among individuals with Mild Cognitive Impairment (MCI), Major Depressive Disorder (MDD) in remission, and comorbid MCI and MDD (in remission) (MCI-D).
Methods: We used baseline data from the Prevention of Alzheimer's Dementia with Cognitive Remediation Plus Transcranial Direct Current Stimulation in Mild Cognitive Impairment and Depression (PACt-MD) study, a multicenter trial across five academic sites in Toronto, Canada (clinical trial No. NCT0238667). We used ANOVA or $\chi 2$-test to compare frequency of NPS across groups. We used factor analysis of Neuropsychiatric Inventory Questionnaire (NPI-Q) items in the three groups.
Results: We included 374 participants with a mean age of 72.0 years (SD = 6.3). In the overall sample, at least one NPS was present in 64.2% participants, and 36.1 % had at least moderate severity NPS (36.1%). Depression (54%, $\chi^2 < 0.001$) and apathy (28.7%, χ^2=0.002) were more prevalent in the MCI-D group as compared to MCI and MDD groups. In factor analysis, NPS grouped differently in MCI, MDD, and MCI-D groups. A "psychotic" subgroup emerged among MCI and MCI-D, but not in MDD. Night-time behaviors and disinhibition grouped differently across all three groups.
Conclusions: Prevalence of NPS seems higher in persons with MCI-D as compared to those with only MCI or MDD. The factor structure of NPS differed between MCI, MDD, and MCI-D groups. Future studies should investigate the association of NPS factors with cognition, function, and illness biomarkers.

Disclosure of Interest: None Declared

EPP0077

Developing and Validating for Cognitive Screening Tools for Identifying and Intervening Dementia among Older Persons in Rural Uganda.

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doi: 10.1192/j.eurpsy.2023.417

Introduction: Background: Although risk of developing dementia increase in later years, identification and assessment of older persons with dementia in developing countries is still low. Access to easy and user friendly cognitive screening tools by the health care professional in developing countries is difficult.
Objectives: The study aimed to develop, validate and field test the cognitive screening tool for use in outpatient departments within health facilities in Uganda.
Methods: In the rural eastern region of Uganda, twenty-three (23) purposively selected health facilities and administered a scientifically derived cognitive screening tools to all eligible older persons. We conducted an inter-rater reliability in all the health facilities using three raters. Diagnosis of dementia (DSM-IV) was classified as a major cognitive impairment and was quality checked by physiatrist who were blinded to results of the screening assessment.
Results: The area under the receiver operating characterizes (AUROC) curve in health facilities was 0.912. The inter-rater reliability was good (Intra-class correlation coefficient of 0.692 to 0.734). the predictive accuracy of the tool to discriminate between dementia and other cognitive impairment was 0.892. In regression modal, the cognitive screening tool, didn't appear to be biased by age.
Conclusions: The cognitive screening tool if performed well among the older persons, can be proved useful for screening dementia in other developing countries

Disclosure of Interest: None Declared

EPP0078

Resting-state fMRI markers of conversion to dementia in amnestic MCI: a pilot study

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doi: 10.1192/j.eurpsy.2023.418

Introduction: Patients with amnestic mild cognitive impairment (aMCI) have a high risk of transition to Alzheimer's disease. Analysis of potential biomarkers of conversion to dementia in this clinical group is crucial for prognosis and early intervention.
Objectives: The aim of the pilot study was to compare whole-brain functioning characteristics (fMRI, spontaneous activity and local coherence) in aMCI converters and non-converters to dementia.
Methods: Nine aMCI converters to dementia of the Alzheimer's type (mean age 69.2 $\pm$ 8.2; 9 females) and ten aMCI non-converters (mean age 65.9 $\pm$ 6.1; 8 females) underwent resting-state fMRI (3T). All patients were followed up for three years. Baseline whole-

brain amplitude of low-frequency fluctuations (ALFF) and local coherence (LCOR) were compared between groups (CONN-fMRI toolbox 19.c, https://web.conn-toolbox.org/; $p < .001$ voxelwise, $p(FDR) < .05$ clusterwise). Age was included in the analyses as a second-level covariate.
Results: As compared to non-converters, aMCI converters were characterized by higher ALFF and LCOR values in the cluster located in the frontal medial cortex and frontal pole bilaterally.
Conclusions: Frontal medial cortex and frontal pole are involved in a wide range of cognitive functions, including episodic memory and "hot" (motivational) executive control (Rolls. ProgNeurobiol 2022; 217; Friedman, Robbins. Neuropsychopharmacology 2022; 47(1) 72-89). Both increased and decreased LCOR/ALFF values in aMCI converters compared to non-converters were found, although in the other regions (Mondragón et al. Dement Geriatr Cogn Dis Extra 2021; 11(3) 235–249; Khatri, Kwon. Front Aging Neurosci. 2022; 14). It seems reasonable to clarify if the brain functional features revealed in our study are the markers of conversion to dementia in aMCI.

Disclosure of Interest: None Declared

Personality and Personality Disorders 01

EPP0080

Assessment of changes in the prevalence of personality disorders admitted for psychiatric hospitalization in years 2009-2021

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doi: 10.1192/j.eurpsy.2023.419

Introduction: Personality disorder (PD) is defined as an enduring and inflexible pattern of long duration leading to significant distress or impairment and is not due to the use of substances or another medical condition. In general, the main form of therapy for PD is psychotherapy, with adjuvant pharmacotherapy. Due to a predisposition to instability and decompensation, individuals with PD are more likely to be admitted to a psychiatric hospital. With the passing of time, the frequency of PD diagnosis has been rising.
Objectives: The study aimed to assess changes in the prevalence of PD diagnosis between the years 2009 and 2021 in the Psychiatric Central Clinical Hospital of the Medical University of Lodz (Poland) and the characteristics of admitted patients.
Methods: This retrospective included 27097 records of patients admitted for psychiatric hospitalization between the years 2009 and 2021. The diagnosis of PD (F60 and F61) was based on ICD-10 diagnostic criteria. For analysis, both main, as well as coexisting diagnoses of PD were included. For the analysis patients were divided into subgroups based on age and legal gender.
Results: We observed a statistically significant increase in the number of hospitalization of individuals with PD (6,94% in 2009 and 14,29% in 2021; p<0.0001). No rise in the frequency of F60 diagnosis was observed (4,56% in 2009 and 4,48%; p=0.973, while the diagnosis of mixed PD (F61) has greatly risen (2,38% in 2009 and in 9,81% in 2021; p=0.003), this growth was especially visible in men (1,62% in 2009 and 10,44% in 2021; p=0.007). In individuals above the age of 35 at the time of hospitalization significant growth in PD diagnosis was present (5,22% in 2009 and in 8,25% in 2021; p=0.003), similarly, PD increased in patients older than 65 (0,50% in 2009 and in 4,00% in 2021; p=0.003).
Conclusions: In the past 13 years, there has been a great increase in the number of hospitalized individuals with PD, particularly the rise reflects growth in mixed PD diagnosis. Interestingly, in men, PD diagnosis is 4 times more frequent in 2021 than in 2009. The increase in the number of PD diagnoses in changing environment might be due to greater clinical vigilance of psychiatrists and a more in-depth diagnostic process, yet further analysis including data from the outpatient clinic is needed.

Disclosure of Interest: None Declared

EPP0081

Development and first validation of the Portuguese version of the Big Three Perfectionism Scale–Short Form (BTPS-SF)

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doi: 10.1192/j.eurpsy.2023.420

Introduction: The Portuguese version of the Big Three Perfectionism Scale (BTPS), a 45-item self-report measure of rigid, self-critical, and narcissistic perfectionism, presented good reliability, construct and concurrent validity both in a sample of university students (Lino, Pereira et al. 2018) and of adults from the general population (Oliveira, Pereira et al. 2021).
Objectives: To develop and validate a Portuguese brief version of the BTPS, the Big Three Perfectionism Scale–Short Form (BTPS-SF) in a sample of university students.
Methods: The procedure followed to select items for the short version was based on the 45-items BTPS confirmatory factorial analysis (Lino, Pereira et al. 2018). Following Feher et al. (2020) strategy, with Canadian university students, we retained between one and two from each of the 10 perfectionism facets in the BTPS, 16 items in total. The 16 items selected had loadings ranging from .63 to .88 (Lino, Pereira et al. 2018), thus meeting the suggested requirement of high loadings being above .60 in magnitude (Afifi et al. 2011).
Participants were 633 Portuguese students (medicine, dentistry and health technologies; 82.1% girls; mean age=21.25±3.115); they answered an online survey including the BTPS and the Depression Anxiety and Stress Scale (DASS; Xavier et al. 2017).
Results: Confirmatory Factor Analysis showed that both the first ($\chi 2/df=3.074$; RMSEA=.0573, p<.001; CFI=.9591; TLI=.9478, GFI=.9465) and the second order ($\chi 2/df=3.714$; RMSEA=.0655, p<.001; CFI=.9482; TLI=.9317, GFI=.9318) models presented good fit indexes. The Cronbach's alfas were: a=.865 for the total and .855, .829 and .750, respectively for F1 (rigid perfectionism), F2 (self-critical perfectionism) and F3 (narcissistic perfectionism).