

number of consultations before and during the pandemic, which means that the patients had access to medical assistance with the same frequency as before the pandemic. ( $p=0.63$ ) There was no statistically significant difference in different environment groups (urban/rural). ( $p=0.53$ ) Telemedicine (videoconference) and phone consultation were also used during pandemic period. 63.6% of those in rural area chose telemedicine and 9% phone consultation. Significantly more patients from the urban area were consulted on-site during the Covid pandemic. ( $p=0.04$ ) Despite the risk, patients with comorbidities had visited more often the hospital during the COVID-19 pandemic. ( $p=0.012$ ) In 39% of cases there was worsened evolution and a drug change: most frequent add it a hypnotic or an antipsychotic.

**Conclusions:** The accessibility of the psychiatry clinic during the pandemic was at all times possible for dementia patients. Telemedicine ensured an ongoing consultation flow for the patients.

**Disclosure of Interest:** None Declared

### EPP0074

#### How integration of dementia services is improving timely dementia diagnosis: an example from Kent. The author wants to share a programme of work from Kent U.K, where system-wide transformation of services has enabled improved time to diagnosis

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**Introduction:** The author wants to share a programme of work from Kent, a County in the south-east of England, where integration of services has enabled system wide quality improvement and innovation to achieve improved time to diagnosis, by best use of available resources and increased diagnostic capacity by engaging with primary care.

**Objectives:** Improving dementia diagnosis rate and improved time to diagnosis for people seeking help for memory problems.

**Methods:** The main elements of improving dementia diagnosis rate and improved time to diagnosis are:

- 1) Pre-diagnostic support through appointment of Dementia Coordinators
- 2) Transformation of memory services using Quality Improvement methodology to an Enhanced memory assessment and intervention model, which includes diagnosis within six weeks of the GP referral by offering assessment and diagnosis on the same day by clinicians as opposed to a lead time of 18 weeks previously.
- 3) Increased dementia diagnosis capacity by training primary care colleagues and creating GP with extended roles posts to diagnose non-complex dementia referrals.
- 4) Introducing a screening tool to diagnose people with dementia in care homes avoiding the need to refer to secondary care services.
- 5) Having a shared electronic patient record system across the county which enables quick and easy access to patient records.

**Results:** In the UK dementia diagnosis rates, dropped from 67.6% in February 2020 to 63.2% in December 2020. Post COVID-19 recovery in dementia diagnosis is happening across the country and Kent is ahead at 9% with increase in dementia diagnosis rates compared to a national average of 0.5% increase.

**Conclusions:** The integrated care system in Kent has enabled collaborative working across organisations to improved dementia diagnosis rates at a fast pace, an example for other health care systems. In Kent a county-wide, Dementia Special interest group has provided the platform to introduce innovation collaboratively across the entire county and has made a significant difference to people with dementia across the whole pathway of care that has particularly improved time to diagnosis.

**Disclosure of Interest:** None Declared

### EPP0075

#### Analysis of sociodemographic, clinical, and lifestyle factors associated with cognitive aging

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**Introduction:** Cognitive aging is defined as the cognitive decline during the aging process. Most cognitive skills deteriorate in old age; however, there are individual differences in the speed of the decline and severity of neuropsychological deficits.

**Objectives:** The aim of the study was to delineate the associations of sociodemographic, clinical, and lifestyle factors with cognitive aging.

**Methods:** 302 participants aged 60 years and above (mean age  $69.6 \pm 7.2$ ; range 60-92 years) were included in the study. Women were 69.9% of the group ( $N = 211$ ). Subjects completed the questionnaire (sociodemographic and anthropometric data, chronic diseases), and depression intensity was assessed by Beck Depression Inventory (BDI). Cognitive functions were evaluated using MiniMental State Examination, Trail Making Test, Stroop test, and selected tests from CANTAB battery (Pattern Recognition Memory, Spatial Recognition Memory, Spatial Span, Spatial Working Memory).

**Results:** Age influenced most of the studied cognitive functions. Higher education level and more frequent cognitive activities (e.g. reading and crosswords) had a protective effect on the performance of tests assessing working memory and executive functions. Working memory and attention assessed in the Stroop test in part B were most sensitive to the negative impact of age, lower education level, and lower frequency of cognitive activity. Higher body mass index ( $BMI \geq 28$ ) and diabetes were associated with worse spatial working memory.

**Conclusions:** The results suggesting the association between lifestyle factors – cognitive activity and cognitive functions can contribute to the development of interventions aimed at the preservation of cognitive functions in older age.

**Disclosure of Interest:** None Declared