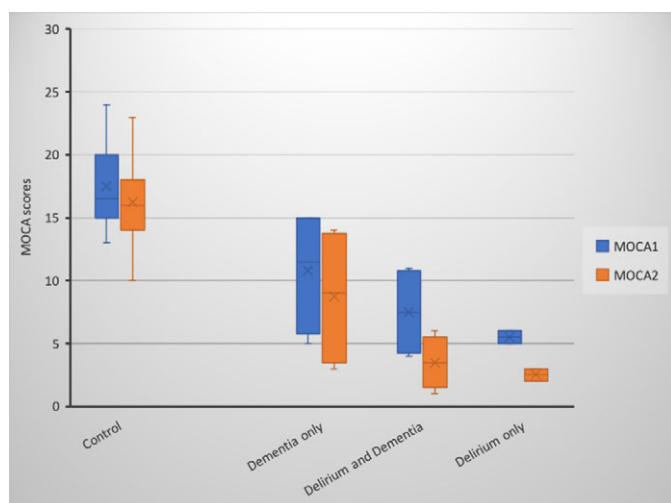decrease of 2-point (p=.04) while cognitively healthy patients had a decrease in 1.08 points (p=.05) (Graph1). MOCA and NPI scores during hospitalization correlated significantly with cognitive decline in the four groups (r=.658, p<.01 and r=.439, p=.02, respectively.)

Results: From a total of 22 patients (12 C, 4 Dem, 2 D and 4 DD) delirium (D and DD groups) was associated with a worse score in MOCA of 3-points (p<.02) and 2.5-points (p<.03), respectively, at one year follow up. Dementia patients without delirium had a of 2-point (p=.04) while cognitively healthy patients had a decrease in 1.08 points (p=.05) (Graph1). MOCA and NPI scores during hospitalization correlated significantly with cognitive decline in the four groups (r=.658, p<.01 and r=.439, p=.02, respectively.)

Conclusions: Individuals developing delirium while recovering from infection have higher rates of cognitive decline after one year, but the cognitive decline is also present to a lower extent for individuals with infections that did not develop delirium.

Disclosure: No significant relationships.
Keywords: delirium; cognitive impairment; Hospitalization; dementia

O195

Prevalence and nature of sexual violence in a gerontopsychiatric population in flanders

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Introduction: Sexual violence (SV) is an important public health concern which may induce important and long lasting mental health problems. However, studies on SV and its mental health impact on older adults and more specifically gerontopsychiatric patients are currently lacking.

Objectives: This study aims to contribute to a better understanding of the prevalence, risk factors and mental health impact of SV in a gerontopsychiatric patient population.

Methods: Between July 2019 and March 2020 100 patients (66%F, 34%M) participated in a face to face interview on health, sexuality and wellbeing during their admission at an old age psychiatry ward in one general hospital and two psychiatric hospitals across Flanders, Belgium. Participation rate was 58%. Interviews were performed by a psychiatric trainee and especially trained master students in medicine.

Results: 58% (65%F; 42%M) of the participants were sexually victimised during their life, 45% (51%F, 33%F) experienced hands-off SV, 43% (48%F, 33%M) sexual abuse with physical contact and 16% (6%M, 21%F) was raped. 7% were sexually victimised in the past year. Compared with non-victimized respondents, hands-on SV victims (incl. rape) described more symptoms of depression (p=0.007) and anxiety (p=0.003) and reported lower resilience (p=0.022).

Conclusions: SV appears to be common in the gerontopsychiatric population and is linked to even worse mental health outcomes. These findings confirm the long-lasting mental health impact of SV and highlight the importance of attention to (sexual) trauma in mental health care in old age.

Disclosure: No significant relationships.
Keywords: older adults; ageing; elder abuse and neglect; old age psychiatry

O197

Modeling the appearance and progression of cognitive impairment

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Introduction: It remains difficult to predict which individuals will develop cognitive impairment and progress to major neurocognitive disorders. Prevention studies suffer from the long time frames and the manner in which this topic does not lend itself to randomized, double-blinded controlled trials.

Objectives: We aimed to construct a computer simulation model that would accurate portray the time course for a series of individuals to develop cognitive impairment and to progress to major neurocognitive disorder.

Methods: We built a computer simulation model that incorporated the role of exercise, genetic load, age, quality of diet, presence of diabetes and level of hemoglobin A1C, ongoing levels of cognitive stimulation, presence or absence of micronutrients, presence or absence of other co-morbidities, an overall general health index, levels of smoking and other substance use, and family history. We modeled the life course of 10 individuals, adjusting parameters to make correct predictions for all 10 people. Then we entered the data

from another 10 people to determine how accurate the model would be with ten new individuals for whom it had not been developed.
Results: We defined success as a prediction of onset within 10% of the actual date and a prediction of the slope of the trend within 20%. We had 7 successes. We were able to engage 6 of the 10 in interacting with the model to change health behaviors.
Conclusions: Computer simulation modeling may provide an opportunity to study the long-term effects of health behaviors and to engage people in interacting with the program to change behavior.

Disclosure: No significant relationships.
Keywords: computer simulation modeling; cognitive impairment; prediction; major neurocognitive disorder

Pain

O200

The role of interoception in the mechanism of pain and fatigue in fibromyalgia and myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS)

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Introduction: Pain, fatigue and anxiety are common features of fibromyalgia and ME/CFS and significantly impact quality of life. Aetiology is poorly defined but dysfunctional inflammatory, autonomic and interoceptive (sensing of internal bodily signals) processes are implicated.
Objectives: To investigate how altered interoception relates to baseline expression of pain, fatigue and anxiety symptoms in fibromyalgia and ME/CFS and in response to an inflammatory challenge.
Methods: Sixty-five patients with fibromyalgia and/or ME/CFS diagnosis and 26 matched controls underwent baseline assessment: pressure-pain thresholds and self-report questionnaires assessing pain, fatigue and anxiety severity. Participants received injections of typhoid (inflammatory challenge) or saline (placebo) in a randomised, double-blind, crossover design, before completing heartbeat tracking tasks. Three interoception dimensions were examined: subjective sensibility, objective accuracy and metacognitive awareness. Interoceptive trait prediction error was calculated as discrepancy between accuracy and sensibility.
Results: Patients with fibromyalgia and ME/CFS had significantly higher interoceptive sensibility and trait prediction error, despite no differences in interoceptive accuracy. Interoceptive sensibility and trait prediction error correlated with all self-report pain, fatigue

and anxiety measures, and with lower pain thresholds. Anxiety mediated the positive-predictive relationships between pain (Visual Analogue Scale and Widespread Pain Index), fatigue impact and interoceptive sensibility. After inflammatory challenge, metacognitive awareness correlated with baseline self-reported symptom measures and lower pain thresholds.
Conclusions: This is the first study investigating interoceptive dimensions in patients with fibromyalgia and ME/CFS, which were found to be dysregulated and differentially influenced by inflammatory mechanisms. Interoceptive processes may represent a new potential target for diagnostic and therapeutic investigation in these poorly understood conditions.

Disclosure: No significant relationships.
Keywords: Interoception; Pain; fatigue; Anxiety

Personality and personality disorders

O201

Do personality traits influence the stigmatizing attitudes toward people with mental illness? A web-survey among university students

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Introduction: People from the general population often tend to believe that psychiatric patients may be incurable, dangerous, and unpredictable. Stigma represents a critical issue which should be defeated. In spite of the interest of research, little is known about the relationship between personality traits and level of stigma toward people with mental illness.
Objectives: To evaluate whether certain personality traits can influence the level of stigma towards mental illness in a population of university students.
Methods: A web-survey was spread on social networks between March and June 2020 through Google Forms. Eligibility criteria for inclusion were:1) Being 18 years of age or older; 2) Attending a degree course in an Italian University; 3) Provide informed consent. Socio-demographic characteristics of the participants were collected. Stigma was measured using the Attribution Questionnaire (AQ-27), personality traits were evaluated through the Big Five Inventory (BFI) and the Mental Health Knowledge Schedule (MAKS-i) investigated the knowledge about mental illness. Statistical analyses were performed using SPSS 24.0.
Results: We computed a multiple linear regression to calculate potential predictors of stigma, adjusted on the basis of the knowledge of mental illness. Results showed that age and faculty class were not related to stigma. Agreeableness (A) and Openness to experience (O) were associated with less stigmatizing attitudes. Conversely, Neuroticism (N) and Conscientiousness (C) seemed to predict higher levels of stigma.
Conclusions: Our results suggest an interesting relationship between personality traits and stigmatizing attitudes, which deserves