Health care should be improved to provide better response to this type of patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2074

EW0205

Effects of smartphone-based memory training for older adults with subjective memory complaints

M.S. Shin[1,*], S.J. Oh[2], S. Seo[3], J.H. Lee[3], M.J. Song[3]
[1] *Seoul National University College of Medicine, Department of Psychiatry and Behavioral Science, Seoul, Republic of Korea*
[2] *Seoul National University College of Medicine, Department of Clinical Medical Sciences, Seoul, Republic of Korea*
[3] *Seoul National University Hospital, Department of Neuropsychiatry, Seoul, Republic of Korea*
* *Corresponding author.*

Introduction Brain health has garnered increasing attention as a requisite condition for healthy aging. The rapid growth in mobile health and increasing smartphone ownership among older adults has paved the way for smartphones to be utilized as effective tools for improving mental fitness.
Objectives There are few studies that have explored the efficacy of smartphone-based cognitive training. The present study examined the memory-enhancing effects of smartphone-based memory training for older adults.
Aims We explored whether newly developed application "Smartphone-based brain Anti-aging and memory Reinforcement Training (SMART)" improved memory performance in older adults with subjective memory complaints.
Methods A total of 53 adults (mean age: 59.3 years) were randomised into either one of two smartphone-based intervention groups (SMART vs. Fit Brains®) or a wait-list group. Participants in the intervention groups underwent 15–20 minutes of training per day, five days per week for 8 weeks. We used objective cognitive measures to evaluate changes with respect to four domains: attention, memory, working memory (WM), and executive function (inhibition, fluency, etc.). In addition, we included self-report questionnaires to assess levels of subjective memory complaints.
Results The performance on WM test increased significantly in the SMART group ($t[17] = 6.27$, $P < 0.0001$) but not in the control groups. Self-reports of memory contentment, however, increased in the Fit Brains® group only ($t[18] = 2.12$, $P = 0.048$).
Conclusions Use of an 8-week smartphone-based memory training program may improve working memory function in older adults. However, objective improvement in performance does not necessarily lead to decreased subjective memory complaints.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2075

EW0206

Drug–drug interactions between antibiotics and psychopharmaceuticals in Slovenian nursing homes: A retrospective observational cohort study from a national perspective

M. Stuhec[1,*], P. Ines[2], D. Stepan[3], U. Lea[3], M. Petek Ster[3], B. Beović[4]
[1] *Faculty of Pharmacy, Biopharmacy and Pharmacokinetics, Ljubljana, Slovenia*
[2] *Faculty of Pharmacy Ljubljana, Biopharmacy and Pharmacokinetics, Ljubljana, Slovenia*
[3] *Faculty of Medicine Ljubljana, Department of Family Medicine, Ljubljana, Slovenia*
[4] *Faculty of Medicine Ljubljana, Department of Infectious Diseases, Ljubljana, Slovenia*
* *Corresponding author.*

Background Drug–drug interactions (DDIs) between antibiotics and psychopharmaceuticals in large national data have not been described yet.
Objectives In most European countries, there is no national data on DDIs in patients within nursing homes.
Aim To present the most important DDIs in the Slovenian nursing homes to avoid serious DDIs in the future.
Methods A retrospective study was carried in 2015 and with 233 patient on antibiotic treatment. All study data from the patients' records were obtained from the patients' charts. DDIs were determined by different interaction classes with Lexicomp Online™ 19.0 version and only X (major interactions) and D (minor interactions) were included.
Results A total of 233 patients (age = 83.5, SD = 9.8) were treated with antibiotics (only 2 without psychopharmaceuticals). The number of patients with at least 1 interaction was: 72 (30.9%) for X and 172 (73.8%) for D and the average number of medication/patient was 10.9 (SD = 3.9). Twenty-seven patients (11.5%) were treated with at least 1 X DDIs s (17 patients ciprofloxacin, 6 moxifloxacin, 3 azithromycin and 1 levofloxacin). Quetiapine and ciprofloxacin was most frequent DDIs occured in 12 patients. Twenty-seven DDIs were pharmacodynamic (QTc prolongation) and 3 pharmacokinetic (ciprofloxacin-tizanidine, ciprofloxacin and duloxetine in 2 patients; $n = 3$). Quetiapine was most frequent prescribed psychopharmaceutical in X DDIs.
Conclusions DDIs between these two groups are seen very often. If an antidepressant should be used in these patients, we recommend sertraline instead of escitalopram and venlafaxine instead of duloxetine and mirtazapine instead of quetiapine. We also recommend a use of penicilins instead of ciprofloxacin and azithromycin.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2076

EW0207

Efficacy of rivastigmine on loss of appetite in patients with Alzheimer's disease

N. Tsuno*, T. Mori, Y. Nakamura
Kagawa University, Department of Neuropsychiatry, Miki-cho, Kita-gun, Japan
* *Corresponding author.*

Introduction It has been said that nearly 30% of the patients with Alzheimer' disease (AD) manifest loss of appetite, which might increase cognitive impairments and the incidence of neuropsychiatric symptoms, and malnutrition. As a result, a vicious cycle decreases functionality and quality of life in patients with AD. Cholinesterase inhibitors (ChEIs) is the first-line drugs in the treatment of AD. On the one hand, appetite or weight loss can be seen due to gastrointestinal side effects in the treatment of ChEIs. On the other hand, there are some reports in clinical-settings that patients with AD treated with rivastigmine transdermal patch showed the improvement of appetite loss.
Objectives To evaluate the efficacy of rivastigmine transdermal patch in AD patients with poor appetite.
Methods In this 16-weeks, multicenter prospective study, patients with mild to moderate AD, who manifest loss of appetite and began to receive rivastigmine transdermal patch therapy, were enrolled. The amount of food, total time-eating, body weight, Mini Mental State Examination (MMSE) and Neuropsychiatric Inventory (NPI) were evaluated.

https://doi.org/10.1016/j.eurpsy.2017.01.2077 Published online by Cambridge University Press

Results The amount of food eaten by treated patients significantly increased 10.5% at 8 weeks after the initiation of rivastigmine transdermal patch therapy.
Comments This preliminary results might show favourable effects of rivastigmine transdermal patch therapy on AD patients with loss of appetite.
Disclosure of interest Study supported by Ono pharmaceutical co.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2077

EW0208

Does participation in the Meeting Centre Support Programme change the stigma experienced by people with dementia?

D. Szcześniak[1], K. Urbańska[1,*], E. Farina[2], F.L. Saibene[2], R. Chattat[3], S. Evans[4], S. Evans[4], D. Brooker[4], M. Orrell[5], I. Hendriks[6], F. Meiland[6], R.M. Dröes[6], J. Rymaszewska[1]
[1] *Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland*
[2] *Fondazione Don Carlo Gnocchi–Onlus, Fondazione Don Carlo Gnocchi–Onlus, Milan, Italy*
[3] *University of Bologna, Department of Psychology, Bolonia, Italy*
[4] *University of Worcester, Association for Dementia Studies, Worcester, United Kingdom*
[5] *University of Nottingham, Institute of Mental Health, Nottingham, United Kingdom*
[6] *VU University, Medical Center, Amsterdam, The Netherlands*
* *Corresponding author.*

Introduction The Meeting Centre Support Programme (MCSP) is a community-based approach to support people living with dementia and their families. It was developed in the Netherlands and has been implemented in other European Countries (Italy, Poland and the UK) within the JPND-MEETINGDEM project.
Aims To assess the relationship between background characteristics of people with dementia participating in MCSP, mood, quality of life (QoL) and experienced stigma, and to explore if and how the experienced stigma changed after 6 months of participation in MCSP.
Methods A pretest (M1) post-test (M7) control group design with matched groups regarding severity of dementia was applied. In each country, a minimum of 25 participants using MCSP were compared with people with dementia receiving 'usual care'. Data were collected with the Stigma Impact Scale, Cornell Scale for Depression in Dementia, Global Deterioration Scale and two QoL scales (QoL-AD & DQoL). Differences in background characteristics were taken into account in the analyses.
Results The preliminary analysis on 116 participants at baseline shows that the level of stigma was low to moderate. People felt more socially rejected in the UK than in Poland and Italy. The level of perceived stigmatization appeared negatively correlated with QoL areas and positively correlated with negative mood. Changes after 6 months will be presented.
Conclusions It is expected that after 6 months people living with dementia participating in MCSP will experience less stigma, as in contrast with usual care MCSP promotes social integration of people with dementia and person-centered support.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2078

EW0209

What predicts adjustment to aging among lesbian, gay and bisexual older adults?

S. Von Humboldt*, I. Leal, F. Carneiro
ISPA-Instituto Universitário, William James Center for Research, Lisbon, Portugal
* *Corresponding author.*

Introduction Intervention programs that highlight predictors of adjustment to aging (AtA) for minority older lesbian, gay and bisexual (LGB) populations are scarce.
Objective The aim of this preliminary study is to build a structural model to explore whether socio-demographic, health and lifestyle-related variables, are correlates of AtA in a group of LGB older adults.
Methods The sample comprised 287 LGB older adults aged 75 years old and older. Convenience sampling was used to gather questionnaire data. Measures encompassed the adjustment to aging scale, the satisfaction with life scale, demographics and lifestyle and health-related characteristics. Structural equation modeling was used to explore a structural model of the self-reported AtA, comprising all the above variables.
Results The structural model indicated the following significant correlates: perceived health ($\beta = 0.456$; $P < 0.001$), leisure ($\beta = 0.378$; $P < 0.001$), income ($\beta = 0.302$; $P < 0.001$), education ($\beta = 0.299$; $P = 0.009$), spirituality ($\beta = 0.189$; p <0 .001), sex ($\beta = 0.156$; $P < 0.001$), physical activity ($\beta = 0.142$; $P < 0.001$), satisfaction with life ($\beta = 0.126$; $P < 0.001$), and marital status ($\beta = 0.114$; $P = 0.008$). The variables explain respectively 76.4% of the variability of AtA.
Conclusions These outcomes suggest that policy making and community interventions with LGB older adults may benefit of including variables, such as, perceived health, leisure and income, as these were pointed out as significant for this group of older adults for promoting adjustment to aging in late adulthood.
Keywords Adjustment to aging; Lesbian; Gay and bisexual
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2079

EW0210

Predictors of satisfaction with life among older adults

S. Von Humboldt*, I. Leal
ISPA Instituto Universitário, William James Center for Research, Lisbon, Portugal
* *Corresponding author.*

Introduction Increasing longevity brings challenges for older adults' satisfaction with life (SWL).
Aims This study aims at exploring a structural model of predictors of SWL in a cross-national sample of older adults.
Methods A community-dwelling sample of 1234 older adults was assessed regarding SWL, sense of coherence (SOC) and socio-demographic, lifestyle and health-related characteristics. Structural equation modeling was used to investigate a structural model of the self-reported SWL, comprising SOC, socio-demographic characteristics (age, sex, education, marital and professional status, household, adult children, income, living setting and religion), lifestyle and health-related characteristics (physical activity, recent disease and medication).
Results Significant predictors are SOC ($\beta = .733$; $P < .001$), religion ($\beta = .725$; $P < .001$), income ($\beta = .551$; $P < .001$), adult children ($\beta = .546$; $P < .001$), education ($\beta = -.403$; $P < .001$), living setting ($\beta = -.292$; $P < .001$) and medication ($\beta = -.197$; $P < .001$). The variables accounted for 24.8% of the variability of SWL. Moreover, differences between the four nationality groups ($F_{(3,\ 671)} = 3.671$, $P = .066$) were not found concerning SWL.
Conclusions Sense of coherence is the strongest predictor of self-reported SWL. Other predictors are religion, income, adult children, education, living setting and medication. The four nationalities did not present significant differences, concerning SWL. This study highlights the factors that influence older adults' SWL, namely, SOC,