

decreasing social and daily activity. The 2nd group (22 cases, 49%) included patients with prevalence of delusions of persecution, more rare auditory hallucinations and more often acoasms. They had medium score PANSS (90,22±16,79), with minimal cognitive decline (MoCA average score 20,33±4,27). The short-term outcomes were characterized with formation of residual positive and negative symptoms, that impact on daily and social activity. The 3rd group included 8 patients (8%) with prevalence of delusion symptoms, such as misidentification, persecutory and reference delusions, which were mood-congruent. They had medium PANSS score (89,75±18,90) with more severe depressive symptoms by HAMD scale in compare with 2nd group (22,00±10,00, p=0,07) and minimal cognitive decline (MoCA average score 25,00±1,00, p=0,05) in compare with 1st group. This group was characterized with high level of reduction of productive symptoms and restoration of premorbid social and daily activity in short-term outcomes. **Conclusions:** features of clinical characteristics, including the nature and severity of cognitive impairment at the onset of disease, are significant for prognosis and outcomes of disease. The data obtained could be served for the development of personalized therapeutic approaches that take into account the syndromic features and course of late-onset psychosis.

Disclosure of Interest: None Declared

EPP0597

Examining Sexual Well-being across the Lifespan: Assessing the Relationship between Sexual Satisfaction and Adjustment to Aging

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Introduction: Sexual satisfaction is relevant to aging well, throughout the lifespan.

Objectives: This study aims to compare the perspectives of sexual satisfaction and adjustment to aging in three age cohorts, across the life span; and to analyze whether sexual satisfaction influences the perceptions of AtA.

Methods: This cross-sectional study comprised participants from three different age cohorts (18-44; 45-64; and 65+ years). Four measures were used to meet the defined objectives: (a) Adjustment to Aging Scale (ATAS); (b) New Sexual Satisfaction Scale (NISS-S); and (c) sociodemographic, health and lifestyle questionnaire. Data were subject to One-way ANOVAs and hierarchical regression analyses.

Results: Social support emerged as the most relevant dimension in the multifactorial nature of AtA. Generational differences were found in sense of purpose and ambitions [F (2, 616) = 14.203, p = .000], social support [F (2, 616) = 10.65, p = .000] and body and health [F (2, 616) = 8.73, p = .000]. Participants aged 65 and older showed significantly lower levels of sense of purpose and ambition, body and health, and social support. Younger participants showed the highest score for body and health. Age-related decreases in

sexual satisfaction were also found, as younger participants showed statistically higher levels of sexual satisfaction, followed by middle-aged and older participants. Sexual satisfaction predicts all the dimensions of AtA, exception made for aging in place and stability, where age is the main predictor. Ego-centered sexual satisfaction positively predicted sense of purpose and ambitions ($\beta = .212$, $p < .05$) and social support ($\beta = .311$, $p < .001$); while partner/sexual activity centered sexual satisfaction was a positive predictor of zest and spirituality ($\beta = .255$, $p < .01$), body and health ($\beta = .239$, $p < .001$), and social support ($\beta = .168$, $p < .05$).

Conclusions: Sexual satisfaction decreases with age and is positively related to all dimensions of AtA, hence gerontological interventions and program policies with older people would strongly benefit of including sexual satisfaction as a relevant variable for aging well.

Keywords: sexual well-being; sexual satisfaction; adjustment to aging; generational groups; lifespan.

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EPP0598

Subgroups of patients with late onset schizophrenia-like psychoses revealed by the analysis of glutathione-dependent enzymes and inflammation markers

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Introduction: While chronic inflammation and enhanced imbalance of pro- and antioxidant, including glutathione-dependent, systems contribute substantially to pathogenesis of mental disorders in old age, extent of oxidative stress and degree of inflammatory processes severity are varying among patients with late onset schizophrenia.

Objectives: Revealing various phenotypes in patients with late onset schizophrenia basing on measurement of activity levels for blood glutathione-dependent enzymes and inflammation markers and analysis of their links with clinical features of the patients.

Methods: Of 59 studied women patients 34 were with late onset (after 40 years) and 25 with very late onset (after 60 years) schizophrenia or schizophrenia-like psychoses (F20; F22.8; F25; F23; F06.2 by ICD-10). 34 mentally healthy women elder than 50 years comprised controls. Glutathione reductase (GR), glutathione-S-transferase (GST), neutrophil elastase (NE), and $\alpha 1$ -routinase inhibitor ($\alpha 1$ -PI) activities were measured in blood. PANSS, CDSS and CGI-S were used to assess the severity of psychotic symptoms, depression and treatment effectiveness.

Results: In the whole group of patients, GR was lower ($p < 0.05$), and $\alpha 1$ -PI was higher ($p < 0.0001$) than in control group. Clustering the patients by their biochemical and immunological signs revealed two clusters (C1, n=34, and C2, n=25) significantly differing by GST ($p < 0.0001$), NE ($p < 0.0001$), and $\alpha 1$ -PI ($p < 0.001$) activities. As compared with controls, GST and $\alpha 1$ -PI were higher ($p < 0.05$ and $p < 0.0001$), and NE was lower ($p < 0.05$) in C1. As compared with controls, GR activity was lower ($p < 0.05$), NE activity was higher