

were administrated to evaluate cognitive and depressive symptoms. Adherence to Med-Diet was evaluated using the Med-Diet 14-Item questionnaire (MDQ). Pearson correlation was used to test association between variables. The Preacher and Hayes' strategy was used to test the mediational model.

Results One hundred and forty-three subjects were included in the study. Significant inverse correlations of MDQ with GDS ($r = -0.317$; $P < 0.001$) and CIRSG-SI ($r = -0.247$; $P = 0.003$) were found, with and without adjustment for potential confounders. A direct correlation between CIRSG-SI and GDS was also observed ($r = 0.304$; $P = 0.001$), with this association being moderated by MDQ ($b = 0.386$; $P = 0.047$).

Conclusion These findings (i) add to the accumulating evidence that Med-Diet is crucially involved in the regulation of physical and mental health of elderly people, and (ii) suggest that a Mediterranean-style diet may contribute to protect elderly subjects with higher levels of poly pathology/multi-morbidity from the development of depressive symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0744

Diagnostic accuracy of the overlapping infinity loops, wire cube, clock drawing tests and their combined score for cognitive impairment in mild cognitive impairment and dementia

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Objectives To investigate the diagnostic accuracy of the overlapping infinity loops, wire cube, clock drawing tests (CDT) and the combined score in the detection of mild cognitive impairment (MCI) and dementia.

Methods The participants were 60 normal controls (NC), 35 patients with MCI, and 47 patients with dementia. For the overlapping infinity loops and wire cube tests, the participants were told to copy the figures from the examples. For the CDT, the participants were asked to draw a clock face with numbers on it with the hands at ten past five.

Results The results illustrate that infinity loops, cube, or CDT alone, or combined score, were not able to discriminate between NC and MCI groups. In dementia detection, the CDT had the highest diagnostic accuracy (sensitivity 76.6% and specificity 87.4%) followed by infinity loops (sensitivity 83.7% and specificity 78.9%) and cube (sensitivity 93.6% and specificity 46.3%). Additionally, when the three tests were combined, better diagnostic accuracy was demonstrated with a sensitivity of 87.2% and specificity 86.3%.

Conclusion This study demonstrates that the three drawing tests are sensitive detectors of dementia but not MCI. The combination of these three drawing tests is a brief tool of good diagnostic accuracy for dementia screening.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0745

Anxiety for body symmetry and sexual performance in old and young patients, case series presentation

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Introduction It is not rare, old patients asking for better aesthetic results on multi-operated bodies causing anxiety and inconvenience. Objectives of our study is to present the emotional confrontation of patients towards surgery.

Methods We present 4 cases of interest.

Results A 75-year-old woman with abdominal asymmetry due to lose abdominal walls and prior operations underwent a failed operation because of her own persistence and finally was convinced to stop asking new surgery when she was told that her abdomen would never become symmetrical. A 79-year-old man, keen on parachuting, was interested to improve his sexual performance and tighten his loose skin with a re-operation on his well done hernia operation. A married man of 50-years-old with a temporary colostomy due to ruptured sigmoid colon suffering from acute diverticulitis, two months later was not at all interested in any kind of aesthetic improvement or his sexual life, and his only care was his nutrition and the avoidance of infections. A divorced man of 49-years-old, with a permanent colostomy, due to familial adenomatous polyposis and cancer occurrence on the site of his old operation (prior total colectomy in 1995), not even one time referred to sexual functioning or aesthetic problems, while his constant problem was to take care of his colostomy by himself.

Conclusions Old age does not mean loss of interest for body icon and sexuality. On the other hand middle-aged men seem to be more practical and less emotional than old patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0746

“The old lady and the dead bird” – A case of very-late-onset schizophrenia-like psychosis

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Introduction In 1943, Bleuler defined “late-onset schizophrenia” as a form of schizophrenia with onset after the age of 40. Half a century had passed with no consensus on the late psychosis' terminology, when in 1998 the international late-onset schizophrenia group Consensus proposed a nosology for these disorders: late-onset schizophrenia and very-late-onset schizophrenia-like psychosis.

Objectives Presentation of a case and diagnostic discussion.

Methods Interviews with the patient during his hospitalisation.

Results We present a case of a 73-year-old single woman, with no psychiatric history, who was driven to the emergency department by her relatives when they noticed her bizarre behaviour: she had drowned and strangled her pet bird. At examination she was agitated, had persecutory delusions, thought broadcasting, cenesthetic and auditory hallucinations in the form of a masculine voice, who sang and dialogued with her. Symptoms had evolved during the past six months with no apparent functional impairment. During hospitalisation she was treated with risperidone (up to 5 mg/day) with improvement in a few days. There were no significant abnormalities on cerebral tomography and analytical exams. Neuropsychological evaluation ruled out cognitive deficits. At the time of discharge although the patient kept referring auditory hallucinatory activity, she had an appropriate behaviour, and no evidence of negative symptoms.

Conclusions The small group of patients who meet schizophrenia's criteria for the first time at a later age present some particular

clinical characteristics to be taken into account. This case highlights some of them, drawing attention to this uncommon diagnosis.

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EV0747

Frontotemporal dementia: A diagnostic challenge

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Introduction Frontotemporal dementia (FTD), the second commonest cause of degenerative dementia after Alzheimer's disease in patients aged 65 years or less is characterized clinically by progressive changes in social, behavioural, and language function.

Objectives To do a complete psychiatric and neurological examination of a case with pick dementia.

Aims This case report wants to highlight the combination of psychiatric and neurological symptoms in FTD in order to improve the early diagnosis and therapeutical management.

Methods We report the case of a 62-years-old male who was admitted in psychiatric clinic, I Cluj-Napoca after he was transferred from neurology clinic I for distractibility, impersistence, apathy, loss of interest, emotional blunting, hyperorality, dietary changes, stereotyped behaviour, decline in personal hygiene. The delay in diagnosis was approximately 3 years, probably because his MMSE total score was 30 points and because he presented behavioural and verbal disinhibition, irritability, inappropriate emotional reacting and a CT with minimal changes.

Results Psychometric evaluations revealed: Frontal Assessment Battery (13/18), Frontotemporal Dementia Rating Scale (50% impairment, moderate severity level), ADL (activities of daily living) (Katz score = 4/7, moderate dependence, low self-care) and IADL (instrumental activities of daily living) (2/8 = high dependency level, low self-maintenance). MRI: fronto-temporal atrophy. The anamnesis, heteroanamnesis, para-clinical investigations led us to a diagnosis of FTD (Pick dementia).

Conclusions We should acknowledge that behavioural changes progress whatever the presentation, that cognitive decline occurs later and that FTD is a disease with a longer delay in onset of cognitive symptoms and diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0748

Self-compassion, well-being and health in elderly: Are there related?

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Introduction The increase in aging population is a major advance in society, but also a great challenge, imposing the need for actions that promote successful aging, with higher subjective well-being and better health.

Objectives (1) analyse the possible influence of socio-demographic variables in self-compassion, satisfaction with life, affection, physical and mental health (study variables); (2) understand how is that the study variables are associated with each other in old age; and (3) explore which variables best predict satisfaction with life and health in the elderly.

Method The study sample consists of 155 individuals, aged between 65 and 94 years old, institutionalised and non-institutionalised.

Results (1) significant correlations were found between some demographic and the study variables. (2) Significant associations were also found between self-compassion, subjective well-being and health. (3) linear regression analysis revealed that physical health is best predicted by greater life satisfaction and lower age; mental health is best predicted by increased satisfaction with life, self-compassion and decreased negative affect; and, finally, life satisfaction is predicted by a higher physical health and self-compassion.

Conclusions These results suggest the importance of developing psychological skills such as warmth, tolerance and the acceptance of suffering bearing in mind that the elderly may experience difficulties resulting from the developmental characteristics of old age. Our findings suggest the possible beneficial effect of compassion, focused therapies designed for this specific population, particularly contributing to the promotion of life satisfaction and mental health of the Portuguese elderly.

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EV0749

The psycho-geriatric patient in the Emergency Room (ER) of the Maggiore della Carità Hospital in Novara

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Introduction Due to population aging, the health system will face increasing challenges in the next years. Concerning mental disorders, they are major public health issues in late life, with mood and anxiety disorders being some of the most common mental disorder among the elderly. For this reason, increasing attention has to be paid to the evaluation of the elderly in psychiatry emergency settings.

Objectives To evaluate the socio-demographic and clinical features of over 65 patients referred to psychiatric consultations in the ER of "Maggiore della Carità" Hospital in Novara, in a 7 years period.

Aims The analysis of the characteristics of the study sample could be potentially useful in resource planning in order to better serve this important segment of the general population.

Methods Determinants of ER visits for over 65 patients referred to psychiatric evaluation were studied retrospectively from 2008 to 2015.

Results Elderly patients made up 14,7% (n=458) of all psychiatric evaluation in the ER (n=3124). About two thirds (65,9%) were females and one third were males (34,1%). The mean age of patients recruited was 75.11 years. The majority of subjects (68.6%) presented without a diagnosis of Axis I according to DSM-IV. The other most frequent diagnosis was "cognitive disorders" (11.4%) and "mood disorders" (10.9%).

Conclusions The large proportion of patients without a diagnosis of Axis I, could be related to the misunderstanding of the psychosocial aspects of aging. Preliminary results highlight the importance of research on this topic, considering population aging and the impact of mental disorders in late-life.